

The **PUBLIC
HEALTH
NURSE**



VOL. XIV

DECEMBER, 1922

No. 12

The Community Chest Idea

By **FRANCES P. BOLTON**

Published Monthly by The National Organization for Public Health Nursing, 370 Seventh Ave., N. Y. City
Magazine Office, 3157 Euclid Avenue, Cleveland, Ohio
Copyright 1922

PUBLISHED IN JULY—REPRINTED IN SEPTEMBER

Williams' Personal Hygiene Applied

This new book, which met with immediate success, is the product of a teacher at Teachers College, Columbia University, New York. It is far more than a recital of information on health. It establishes a new interpretation of health in terms of life. It is personal hygiene *applied*. The first five chapters consider the various aspects of the problem. The remaining chapters consider in a systematic way hygiene from the scientific side. The language is not technical. Among others, there are chapters on the muscular system, nutrition, the respiratory system, circulatory, excretory and nervous systems, sexual aspects of life, prevention in specific diseases, hygiene of the mouth, eye and ear. The Nursing Profession are rightly enthusiastic over this new book.

By JAMES FERRIS WILLIAMS, M. D., Associate Professor of Physical Education, Teachers College, Columbia University, New York City. 18mo of 415 pages, illustrated. Cloth, \$2.50 net.

W. B. SAUNDERS CO., Philadelphia and London

THE JOURNAL OF INDUSTRIAL HYGIENE

published by the
Harvard Medical School

The *Journal of Industrial Hygiene* is a broad and inclusive survey of the field of industrial health. Its leading articles, which are contributed by eminent authorities in this and other countries, present practical solutions to the general health and safety problems encountered in modern industrial establishments. The results of investigations carried on in the Harvard Medical School and the Harvard School of Public Health are published in this Journal.

An even more valuable service is offered in its abstract section. Here it assembles and summarizes, as does no other journal, all the important articles on industrial hygiene which appear in the technical, trade, and professional journals of the world.

A further important field of usefulness is open to subscribers through the accumulation in the editorial office of a large amount of statistical and technical material. The managing editors use this valuable information in answering inquiries from persons and firms who require solutions to their special health problems.

Published Monthly

\$6.00 a year.

75c a single copy.

Business Office

The Journal of Industrial Hygiene

66 Seaverns Ave., Boston 30, Mass.



"Build for Service"

THE CHASE HOSPITAL DOLL and THE CHASE HOSPITAL BABY, demonstration manikins for teaching the care of children, the sick and injured, are made by trained artisans who give infinite care and thought to each detail. "Build for Service" is the policy behind all CHASE PRODUCTS.

Nothing but the sturdiest material goes into these products. They are made of cloth and cotton batting that have been molded into the human form. They have hard, raised features, and flexible joints. They have naturally formed bodies, heads, arms and legs, that conform to standard measurements. They are covered with several thick coats of durable, waterproof paint. The larger models are equipped with openings, connected with water-tight reservoirs, representing the meatus, nasal, urethral, vaginal, and rectal passages.

THE CHASE HOSPITAL DOLL and THE CHASE HOSPITAL BABY because of their inherent durability and because they permit such great flexibility and wide latitude in the demonstrations and practice of medical, surgical, and hygienic principles, are in daily use all over the world in Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes, and by Visiting Nurses and Baby Welfare Workers. They are standard and necessary equipment.

Let us send you our latest catalogue which will describe these manikins in detail.

The
CHASE HOSPITAL BABY

M. J. CHASE

34 Park Place Pawtucket, R. I.

Please mention *The Public Health Nurse* when writing to advertisers

The PUBLIC HEALTH NURSE

Volume XIV

DECEMBER, 1922

Number Twelve



BEGINNING with the earliest hours on Christmas morning, long before dawn puts out the little torches of the watching stars, the sweet sound of carols is heard in churches, in hospitals, in processions which wend their way through open spaces. From their beds in hospital wards the sick hear this glad, sweet singing and forget for a while their ache and misery and forlornness. Their little separate selves are united in a larger, happier self which thinks and feels not with the feeble gladness of one alone but with the courage and faith of many bound together in a larger being.

Later in the day come the Christmas trees and the gifts and words of cheer. The happiness of human beings becomes the chief concern of other human beings. For a short time kindness reigns and the natural thing to do is to show love and affection toward our brothers. Thus, quite truly, does the glad salvo of bells and carols and human voices speaking words of cheer proclaim what all hearts hold in common wherever Christmas holds sway—a sense of peace on earth and good will toward men.

EDITORIAL

THE AMERICAN CHILD HYGIENE ASSOCIATION

EVERYONE agrees that the thirteenth annual meeting of the American Child Hygiene Association was a delightful experience. It was a success from the point of view of the program, the attendance, and the admirable details of its arrangements. It stimulated us and gave us new courage and sent us away sure that we had very much to learn.

After a year away from health work, and almost a year away from the United States, I felt a great sense of pride in it all. Washington is so beautiful in the lovely fall weather that it is a fitting center for the ideals of American life. Mr. Hoover, the President of the American Child Hygiene Association, stands so finely for those ideals.

One escaped, while we were at the convention, from the oppressing contrasts presented by American prosperity and the privations and struggles of all the other nations. Sir Auckland Geddes analyzed the name American Child Hygiene Association to illustrate our internationalism, each word in that name standing for a differing civilization: "America," with its Spanish origin; "Child," the only Anglo-Saxon word; "Hygiene" from the Greek; and "Association" from the French.

We cannot, even if we would, escape our relationship to all the other nations of the world. Our modern civilization brings the needs of the children of Sicily and Belgium, of France and of Czecho-Slovakia under our observation and into our program for the health of children.

The dominant note of the convention was one of dependence upon each other in our efforts to secure and maintain the health of the family—public health nurses dependent upon nutrition workers, both dependent upon pediatricians, and obstetricians and pediatricians dependent upon public

health nurses. The amalgamation of the Child Health Organization and the American Child Health Association, announced at the Washington meeting, is only another illustration of the spirit in the air that is drawing us close together for the sake of raising family standards of health.

We heard much more of family health than of the health of any individual in the family. Even the baby and the popular "pre-school" child were considered by nutrition workers, obstetricians, pediatricians, and public health nurses as members of the family into which they are born.

Another idea, which struck the returned traveller as new and wise and which was more than once presented at this convention, was that of the duty of caring for the health of health workers themselves. Ought not we ourselves to be examples of positive health, ought we not to devote some time and energy to becoming so?

It is safe to advise those who did not go to Washington to read all the papers, but Miss Winifred Rand's paper on "Behavioristic Problems of the Pre-school Child" deserves special attention. Her knowledge of children and of their needs is that of an expert and her presentation is so clear and human and practical that one feels sure she is somebody's intimate "Auntie," as well as an expert.

Dr. Louis I. Dublin, in discussing results of prenatal care, told us plainly that figures showed a deplorable loss of life through bad obstetrics and impressed upon the audience the need of specific consideration of this in relation to prenatal procedure in our community health associations, for all the care in the world beforehand cannot save a mother if care at the time of her confinement is bad.

There was only one opinion of the strong and sane and modest talk of our own President, Elizabeth Fox.

She said the right thing, at the right time, in the right way. We are, she told us, bound together by our dependence upon one another for our success in carrying through our particular part of the child hygiene program. Public health nurses cannot effectively put into operation a child hygiene program unless they are taught the subjects essential to that program. We must learn the fundamental sciences upon which nutrition workers, psychiatrists, and those concerned with teaching proper posture must base their plan of work. We must look to pediatricians to teach us about normal childhood, for we cannot keep a child in health unless we know what health for the child really is. Many of these subjects should be taught in schools of nursing.

Miss Goldmark's report on nursing education, and, we hope, endowments for schools, will soon mark the begin-

ning of better things, but better things in nursing education cannot be brought about unless hospital trustees—even prospective hospital trustees—doctors, nurses, and educators inform themselves and become enthusiasts in the cause of nurses' education.

We, in the United States, have so much. In Florence, a year ago, I saw a very gallant band of workers struggling with a problem of public health and of nursing education that made our trials and stumbling blocks seem very small indeed. The Washington meeting made our faith greater that, because we have much, we shall be inspired to work "without rest and without haste" to complete our plans for getting and keeping health in the family, and having made the plans, to carry them through.

Mary Beard

CHRISTMAS GIFTS

At this season of the year we are all busily searching for gifts to send to our friends at Christmas. This search is fraught with many mingled feelings of pleasure and disappointment: real joy in the discovery of the gift—so rarely found, alas!—that conveys, however imperfectly, a true reflection of the feelings that we bear towards our friend; oftener, disappointment in the realization that the fleeting pleasure which the remembrance will give is unjustly proportioned to the thought, time and effort spent in procuring it.

If, as our Christmas message, we could bring to one friend a glimpse of new interests and values in life, should we not be content with that one gift at least? In the absorption of our own work we may never have realized how much there is in that work which could be made an inspiration to others—to the young girl, it may be, face to face with the many paths of life and knowing not into which to direct her steps; or to one untrained in professional ways of service, yet with heart and mind ready to respond with their own gifts to a call that has been unconsciously awaited but never yet received; or last, but by no means least, to the comrade who, in the heat and toil of the day, must struggle against much that makes the old ideals and the old aspirations seem very far off and unattainable.

It is the constant effort of those who are responsible for *THE PUBLIC HEALTH NURSE* magazine to gather up in its pages some part of that inspiration to effort and achievement which is so distinguishing a feature of the trained service which it represents. By placing it in the hands of your friend at the beginning of this coming year you may well be sending to her gifts of permanent value which will make your Christmas thought the harbinger of an ever-recurring joy.

A CLEVELAND OPINION OF THE COMMUNITY CHEST IDEA*

By FRANCES P. BOLTON

WHEREVER philanthropic work is going on in this country today one finds people trying to solve the increasingly difficult problem of finances. How can funds best be secured at the least cost? And more than that: how can the number of givers be increased? For in that direction lies the hope of the future. The apparent success of the Cleveland Community Chest has prompted other communities, intent upon their particular aspect of the problem, to ask why it is that we in Cleveland feel that the Community Chest idea is making a very definite contribution towards the solutions of these two serious and inseparable problems. To answer this question it will be necessary to review very briefly the history of the gradual development of the present system.

The fact that the Cleveland Community Chest has been in successful operation for a number of years, and that it seems to have lived through the experimental stage and to have become a permanent step towards the financing of the philanthropic work of the city, is, to my mind, very largely due to the fact that it has grown slowly, one step at a time, from a seed planted many years ago by a small group of far-sighted, altruistic business men whose spirit of vital selflessness still permeates the organization, though its form and functions have changed almost beyond recognition. It would seem to us to be almost an impossibility for any community accustomed to collect its moneys through haphazard bazaars, dramatic performances, tag days, balls, paid solicitors, personal solicitations, and each of these methods used by each separate group from time to time so that the public is never free from the sense

that someone is begging for money, to achieve an immediately successful and popular chest. It would seem to us most necessary to grant a not inconsiderable period of time to the study of the whole civic problem as well as to the re-education of its welfare agencies, salaried staff as well as boards of trustees and municipal departments, that they may all see the inestimable value of mutual sacrifice of the ego for the benefit of the whole.

The seed out of which has sprung the Cleveland Community Chest was planted by the Chamber of Commerce in the appointment of a Committee on Benevolent Associations. Through this Committee the Chamber issued cards of endorsement to persons soliciting funds for the various charitable agencies, the activities of the body wishing endorsement being reviewed annually by the Committee. This grew very naturally into a more complete study of the activities of the different groups and the possible ways for co-operation between organizations. So on followed the suggestion that the funds be raised all at one time. 1913 saw the Federation for Charity and Philanthropy concerning itself with the problem of money raising and distribution with a growing tendency to effect real co-operation in the matter of standards of work. In 1914 the separate and voluntary Welfare Council was formed "to be the co-operative medium through which agencies could consider problems and general administration questions of joint concern."

1917 saw these two bodies join in the Welfare Federation, which the war emergency developed into the War Chest, the Armistice into the

*The illustrations are from the Publicity Department of the Cleveland Community Fund.



Illustrating visiting nursing.

A Consultation

Victory Chest, and Peace into the Community Chest.

Such is, in brief, the history of the evolution of the present organization, the external, objective history. What are some of the ways in which the spirit of the citizens has been led out of a hit or miss "charity" into a carefully planned, well organized, constantly more co-operative program for the general good?

In order to bring about the first common collection of funds, a group of volunteers was organized who interviewed every single giver in the city, explained the plan and secured co-operation. I feel sure that each one of those first volunteers would readily agree with me that the experience more than compensated for the time and effort involved. Each of us had our own "pet charity" but in order to carry the story of the *whole* we had to study the work and the needs of all the others, with the

result that we began to see the vision of what the whole might be if each part were made more perfect by proper food and judicious pruning. As the years have brought about the various changes in organization, the broadening of the viewpoint of the individual that began in that long ago experimental period, has been perhaps one of the most constructive results. Instead of finding the Chest a way of lessening personal interest (which is one of the most often cited objections) we have seen it become the means of intensifying it and—what is far more important—of being the means of transforming the individual from a person of specialized interests, restricted to but one path in a dense forest, to a person whose gaze sweeps with pride and joy across the whole landscape, each part of which he has helped to beautify. Some there are, of course, who resent the effort required to bring

themselves into this larger attitude. But no progressive movements ever have the full sympathy of each separate unit; humanity takes but slowly to a completely unselfish, wholly constructive ideal. The fact that the present number of givers to the Community Chest has reached 161,000, in addition to 140,000 school children and 10,000 cash contributions on the street and in similar ways, would seem to be an indication that our people prefer the new way to the old.

What has been true of the individual has been true of the organization. In order to insure complete co-operation and to cover as far as possible the real needs of the city, the organizations have had to abrogate some of their most cherished ideas, and to assume certain new duties that belonged to their especial field. These changes have taken time and an infinite amount of thought and consultation which, in turn, has shown each group how intimately its special

problems were tied up with the problems of each other group. This increase of contacts which the members of the Chest must of necessity make has been of incalculable value to the community. When the representatives of hospitals, relief organizations, schools, sectarian bodies, and private individuals sit down together to work out ways and means of doing the greatest good with the least money, the results are bound to be constructive. The same broadening of horizon is one of the direct results to the members of the many boards of trustees who serve on special committees appointed from time to time to study definite problems. Such service gives the individual a knowledge of the whole big problem that is an education in itself and that adds to his value to his own special organization by virtue of his increased general knowledge.

Although Cleveland has not as yet eradicated all duplication of work nor eliminated waste effort it has



Illustrating the work of the clinics

A Thrilling Moment

taken great strides in that direction. This is somewhat due to the work of the budget committees in whose hands rests the responsibility of examining the plans of each organization. "The Budget Committee," writes Sherman C. Kingsley in an article appearing in the Cleveland Year Book for 1921," holds the key responsibility for procedure in the expenditure of the Community Fund. It concerns itself not only with the fiscal data but with the service rendered and quality of work. This body is appointed by the President of the Welfare Federation through the aid of nominations and suggestions of members of the General Board. It is composed of about fifty people, chosen because of their interest in, their sympathy for, and their knowledge of charitable and philanthropic activities of the community and the problems with which they deal. For the purpose of convenience and effective work the organization is divided into seven subdivisions according to their functional activities: hospitals, children's agencies, neighborhood work, family service, nursing and health activities, recreational and educational agencies, homes for the aged." This grouping in the budget work has automatically brought about a closer intimacy among agencies doing the same general community service, and has resulted almost unconsciously in an increasing desire on the part of each one to have a clear picture of the whole before assuming its own special part. Little time is lost in groping and stumbling, in retracing steps, for no one works blindly, the path is clear ahead.

In addition to correlating agencies doing work along similar lines, experiments without a very definite aim for the future that might involve much money have been done away with. New work is not entered into except after study of the apparent need for it. Then, if it is decided upon, it is backed up and its efficiency assured. The objection has been raised that this careful study com-



Recreational work
Her Playground

bined with supervision exercised by the central Budget Committee retards progress, makes new work difficult and the quick meeting of an emergency impossible. Cleveland has very recently demonstrated that only the fact that there was a group of experts who had available funds made possible the increased efficiency and change of location of the University Teaching Center (Public Health Nursing). All that it was necessary for the special group to do was to show proof of the value of the work involved to the whole. Under old methods no proper study would have been possible, and no funds would have been immediately available. Indefinite delay would have resulted.

The budget study required of each organization has brought about a wholesome desire to improve the business end of the work, and to make each year more productive. The monthly "check up" assures a keeping within the prescribed limits, and the only rivalry between organizations is that of trying to surpass one another in presenting a "clean sheet." The study given the budget and its

acceptance by the Chest Committee relieves the staffs of the various organizations from the earlier burden of constant financial anxiety. This means that they give their entire time and their best efforts to the actual welfare work for which they are trained. The result has been a far greater efficiency and a happier staff. If the only contribution the Chest had made had been no more than this releasing the staffs for actual service it would have been no small thing.

The possible dangers of the Community Chest Plan: the "centralizing of power," the retarding of special pieces of work because of lack of understanding of the special budget committees, the tendency to have the publicity become too general—all these are matters never absent from

the minds of all members of Chest and Federation committees. Knowing that no chain is stronger than its weakest link, every effort is being made to search out and frankly acknowledge such weaknesses, and so turn them into strength.

No form of organization should ever be considered permanent. To be sound, to be sane, to be constantly constructive, to be vitally alive, it must stand ready to change its structure as the need arises. Possibly the framework we have set up for our Community Chest will *not* meet the needs of the coming years. That need not trouble us when we know it is but a form, an external shell to make of a deep urge towards unity a practical thing, and to accomplish an unselfish desire to be in very truth "members one of another."

MORE ABOUT THE PACIFIER

Those of our readers who are interested in "Getting Rid of the Pacifier"—and we hope they all are—will be glad to know that after the paper on this subject by Mary Day Barnes, in our November issue, went to press, we received a further communication from Miss Barnes inclosing a copy of a letter sent out by Mrs. D. F. Boies, Chairman of the Department of Public Welfare of the Utah Federation of Women's Clubs, to the president of each club in the Federation. The letter reads as follows:

My Dear Club President:

May I ask your help in a matter which has been consigned to my department, namely, the effort to eradicate the obnoxious little thing termed a "Baby Pacifier?" Ask any good physician to tell you the results of the use of this article, and then ask your club members to take a concerted action against them; first, by endeavoring to educate the mothers of babes as to the harm they do, and second, by asking the dealers not to display them and eventually not to buy them for sale.

Have the Chairman of your Committee on Public Welfare lay the matter before each of the women's organizations in your town and request their help; urge the use of the wide-mouthed bottle which requires a large nipple that cannot be used as a pacifier, is much more sanitary, and can be easily cleansed.

Ask each organization to have some qualified nurse or physician talk on the subject at one of their meetings.

May I hope to hear from you soon as to what your Committee on Public Welfare is doing?

Cordially,

This excellent piece of co-operation should be an encouragement to public health nurses in other states to seek the help of their women's clubs.

DISCUSSION OF A PUBLIC HEALTH NURSING STUDY

By AGNES J. MARTIN

Milwaukee, Wisconsin

EDITOR'S NOTE: The following discussion of the Report on Public Health Nursing of the Committee on Municipal Health Department Practice of the American Public Health Association, prepared by C.-E. A. Winslow and Margaret R. Burkhardt, was read by Miss Martin at the meeting of the Provisional Section on Public Health Nursing of the American Public Health Association, held in Cleveland last October. The Report itself, which was also read at the same meeting, was published in the October issue of THE PUBLIC HEALTH NURSE, and is now available in reprint form.

IT IS difficult to discuss a statement of facts as those outlined in this report. However, because of the comprehensiveness of the survey we know we have valuable material to aid in solving the problem of the best application of public health nursing. Since public health nursing was done in one form or another in all of the cities studied, we realize the need has been felt for one phase or another. Greater proof of the value of the work is seen by the large number of nurses employed where the work is oldest in point of service, namely, the Eastern cities. I believe the fact that one community chose a school nurse while another an infant welfare or tuberculosis nurse, to be immaterial, the important point is that they needed a public health nurse and in one way or another she was provided. But now after a period of perhaps 25 years, so many communities are employing public health nurses that it would seem from this survey we should be able to fit a public health nursing service to most any city, given certain facts as area, population (percentage of foreign and native born), chief industries, wealth, housing conditions, school census, and climate.

We have the two types to choose from: (a) the purely instructive specialized nursing under public auspices and (b) the combined instruction and bedside care under private auspices. I do not believe we can say, you should take "a" and you take "b" any more than a social worker would try to rehabilitate her family "b" with data collected for

family "a." We must have specific knowledge of the make-up of that community. With inadequate appropriation the generalized nursing plan minus the bedside care would seem best, since under this plan it is possible to reach the largest number of people at a cheaper per visit cost, as is shown by the figures in this report. The organization with which I am connected, doing this type of work, made in the year 1920, 1712 calls per nurse at a cost of 36 cents per call and at a community cost of 17 cents per capita. Bedside work, however desirable, is costly because of the time and demands, as stated in the Rockefeller Foundation Survey: "The arguments for purely instructive service rest mainly on two grounds, the administrative difficulties involved in the conduct of private sick nursing by official health agencies and the danger that the urgent demands of sick nursing may lead to the neglect of preventive educational measures which are of more basic and fundamental significance." Therefore I believe until we get the 50 nurses per 100,000 population and the half of health department budgets, bedside care will have to be left in the hands of the private agency.

The service, however provided, should have a co-ordinating committee or agency and it seems rather short sighted that out of 55 cities on which data of this character was received only 27 report such co-operation. This, to my mind, would be the first step in reorganizing for better public health nursing service. This was done in our own organization in

1919 by the absorption of four contagious disease nurses, 14 child welfare and parochial school nurses, 8 tuberculosis nurses, and 11 school nurses formerly under the Board of Education. Special conferences and demonstrations were held for the groups of the various divisions, with a general lecture course of 34 hours on public health. It was only a matter of a few months before the nurses got the idea of the family unit instead of the individual and we had the resignation of only one nurse because of her preference for specialized work. The co-ordinating agency should have authority to define and limit activities of all organizations carrying on in that community and be able to plan the work on a city scope removing all duplication and overlapping. It would seem advisable where possible to have this co-ordinating agency the health department since we agree public health is a municipal problem. The extent and quality of the service will depend on the interest and understanding of public health problems by the governing authorities, therefore it is not at all unlikely we will, for some years to come, be needing the assistance of private agencies. But at the same time we must educate the public that "the modern conception of public health means the securing for each and every individual an equal opportunity to have a sound body, normal development, good health, every chance within human limits to complete and prompt recovery from illness, protection from degenerative diseases in middle life and a full span of life of maximum usefulness."

I do not believe there is a person of experience here today who would

take exception to the statement that the work be headed up under one director and that she be a nurse. And until the time comes when every public health nurse may have had the advantages of an adequate training in public health nursing we must provide adequate supervision for improvement and standardization of our methods, and even then we would need field workers with the broader viewpoint gained in a larger territory to be sure we were leaving no loopholes.

I agree most heartily with the last recommendation that urges relief from routine labor provided by an adequate clerical staff, and I am reminded of an article written by Estelle Hunter on "Essentials of Office Equipment," in which she says "The usual public health nursing organization office is equipped with a minimum of office furniture in various stages of repair. Most of it has been donated or purchased second hand in order that the charge of excessive overhead expense may be forestalled. This is one of the glaring examples of mistaken economy . . . The cost of using insufficient, improper and worn-out office equipment in even a small office may in one year be equivalent to the salary of one person."*

I would say, in closing, that with the data assembled by Dr. Winslow, and Miss Burkhardt of this organization we should be able to return to our communities with arguments for improved standard public health nursing service that no community could afford to turn down and the efficiency would be measured by the amount in dollars and cents they were able or willing to spend.

*THE PUBLIC HEALTH NURSE, May, 1920.



WHERE DID YOU COME TO, BABY DEAR?*

By JENNIE MACMASTER, R. N.

Red Cross Public Health Nurse

Gillespie, Ills.

A NEW baby had arrived at the house next to Bettie's, and the community nurse had been given credit for finding and delivering the wonderful package. However, I was much surprised as I started into the school building next day to have Bettie come running with outstretched arms demanding, "Oh Miss Mac, have you any extra babies?"

Bettie was deeply disappointed because there weren't any extra babies just then, and I was sorry indeed that I couldn't have left at Bettie's home one of the babies I had been forced to leave in entirely different surroundings.

Bettie's breathless demand started a train of thought which extended back over months of hard work, thoughts which excluded all except a host of little strangers and the homes to which they had come. The majority of these homes were ruled by parents of foreign birth who sometimes brought strange ideas to this new land and insisted on inflicting these ideas on the helpless little creatures whom God had given into their care.

There was one wee man who arrived in an apparently clothesless world; I hadn't seen his mother till the morning of the little man's arrival.



When it came time to dress him I found that the drawer designated as the one containing his clothes held only great long bands, and diapers and shirts. Search as I might, nothing else could be found, and in very broken English the mother explained that there was nothing else, that in her country they used only the things which she had prepared. No argument would induce her to buy anything else. A great, gray knitted shawl completed the new wardrobe.

And there had been another clothesless baby, that is clothesless except for one complete outfit. An all-knowing fortune-teller had told the mother-to-be that her baby would be born dead, hence the lone outfit. But the reader of the future had misread the signs, because the baby proved to be an unusually healthy youngster who clung tenaciously to the life which the all-wise one would have denied him.

One mother was unable to talk English, but didn't fail to make herself understood when the new arrival proved to be a boy. She sat up in bed, inspected the young man thoroughly, then dropped back on the pillows and cried as a child would have done over a broken toy. An interpreter explained

*Illustrations by courtesy of Cleveland Community Fund.

that the lady desired a girl, since she already had three boys. But Number Four remained a boy, in spite of all the tears, and stayed with them even though he wasn't as welcome as a little sister would have been.

One little lady had been ushered in just a few days before the presidential election. She was the second little stranger to arrive at her house and her father wasn't old enough to vote for the new president.

An oft recurring condition is that one more in an already overcrowded house. When food and shelter are already a problem, what will become of the extra claimant?

There was one case where eleven children and their parents lived in a four room shack. Where would they ever stow the new member of the household? The same question presented itself when I called at the H— home. I had received word of a prenatal case and had gone to investigate. Investigation disclosed an immaculately clean house in which resided four children, a pitifully thin mother, and a father who had been out of work for four months. Winter was setting in. The present members of the family were facing tougher times than they had already weathered, and what of the little fellow who was soon to arrive, the little fellow who was to have no voice as to where he should be delivered? Why couldn't he have gone to Bettie's comfortable home?

One poor little innocent had found a home where she was extremely unwelcome, and a world which would always declare her handicapped. Her grandmother had gone to call her mentally defective mother to help cook breakfast, and at the bedside learned that the new baby, a baby of whom she had had no suspicion, was on her way to share their home. Grandmother had not found the courage to return to the room till the new granddaughter was several hours old.

All through her work the public health nurse has her chief trouble with ignorance which stubbornly refuses to vacate for a more desirable

intelligence. Ignorance in its most unpleasing form seems to waylay these little strangers all along their paths.

There was one mother, who wept quarts of tears because the proper nourishment didn't arrive at the same time the baby did, and though the doctor and I both explained as fully as we knew how, the new mother continued to weep, because ignorant neighbors declared emphatically that they had always had milk the very first day. Since the unfortunate mother had no milk and since the baby cried lustily for food, the kindly disposed neighbors tried to decide what the mother had craved most, with full intentions of feeding that article to the baby to quiet his cries. I had almost to threaten murder before the ladies decided to keep hands off.

One unhappy mother had ignorantly fed her baby "Just a little taste of things at the table;" baby had suddenly become ill, the doctor was called, baby had "bowel trouble." One night he went to sleep about the usual time, then waked about midnight, nursed and went back to sleep, still in his mother's arms. When his mother waked next morning she found that he had left her and gone on a far journey to play eternally with the numerous other little babies who had died of much the same mistreatment.

Months later his little sister arrived in this world with the community nurse in attendance, and that is one home in which my word is always law. When the new baby was about a week old her mother thoughtfully watched the nurse at work, then gave voice to her thoughts with, "I tell you there is all the difference in the world between having trained care at a time like this, and having just anybody come in and do." And this mother, because sad experience has thoroughly convinced her of the price of ignorance, follows my teachings religiously. She defies all her friends and neighbors, even her mother, and abides strictly by the rules and regulations set forth by the

teachings of infant hygiene; and she and her beautifully healthy baby are our best advertisements.

Always mixed with the bad is a pleasing portion of good and this I found true among the cases which Bettie's demand had called forth for review.

One little mother (and she was little, so little that the birth of her baby had been a nightmare of horror) suffered untold agony for hours that seemed to drag into years, but I shall never forget her face as for the first time her baby was put into her arms, and will always remember how reverently she said, "He's mine, nobody but God can take him away from me!" And a few minutes later "Oh! I'd go through with it all again just to have him."

One day, Bruno, aged seven, saw the nurse leaving his home and ran to see why she had been there. His mother explained that she had just been ordering a baby for them. Next time he saw me, I was a block away; swiftly he covered half the block, then from that distance yelled, "Miss Mac, when are you coming back to our house to bring that baby?" When he reached me we discussed the matter and I discovered that he wanted a "boy baby" and was cautioned "Don't forget to come and bring him." When the baby arrived it was a boy as ordered, and next time I saw "big brother" I asked him if the baby would do, and was joyously informed, "Yes, its a boy baby, you brought the goodest one you could find!"

TEACHING HEALTH ON THE SOUTH AFRICAN VELDT

The following note, written by a member of the Nurses' Missionary League (England), is taken from the League's leaflet:

"This is a most attractive place. The country is gorgeous, our part of the veldt being very hilly, while just below us runs a river which in one place is just deep enough for me to have a swim. The little hospital is splendidly equipped, and I have two excellent Kaffir probationers who are remarkably good at all kinds of practical work, though they are slow over the theoretical. I give them two lectures a week, and luckily they understand a good deal of English. I also give a hygiene lecture once a week in the big schools to seventy or eighty children of the upper standards. This frightened me greatly at first, as I had never tried to teach or lecture before I came here, but now I do not mind so much, and get quite keen on them myself. I have a jolly Basuto pony on whom I go out to visit the sick in their kraals and also out-station schools, to say a few words on health or talk to the mothers. I am going to a school six miles away to give a brief résumé of my next week's hygiene lecture to the three teachers there, and so I hope that the good news of health may be passed on by them to their scholars as occasion arises. Sometimes, too, I go forth with my black bag to help reluctant babies into the world, and the mothers think that I am a wonderfully clever person! We have no resident doctor yet, which is a pity, as it stops a good deal of our work, but the nearest doctor comes eleven miles every Saturday and sees out-patients and does operations, so we are kept quite busy."

AMERICAN PUBLIC HEALTH ASSOCIATION FIFTY-FIRST ANNUAL MEETING

By ALTA ELIZABETH DINES
Acting Director, University Public Health Nursing District
Cleveland, Ohio

THE American Public Health Association held its fifty-first annual meeting in Cleveland, Ohio, on October 16, 17, 18 and 19, 1922. There was a large registration and many visitors. For the time at least HEALTH was indeed the topic of the hour at the Hotel Statler. Not only were the meetings *per se*, the scientific sessions and programs, admirably planned and of great educational value throughout, but all the accessory machinery which contributes so largely to the success or failure of a convention seemed to function perfectly. The information desk was never-failing in courteous answers to the many queries, relevant and irrelevant, in booking the applicants for places at the various dinners, personally conducted tours to the Cleveland public health agencies, teas or pleasure trips, so graciously planned by Cleveland. As soon as the delegates registered on Monday they were given *The Daily Bulletin* and saw at a glance:

The Book Exhibit was called a "scientific and literary success," and had much of interest for every delegate or visitor.

The program consisted of two general sessions and meetings carried on by the following sections:

Public Health Administration
Laboratory
Vital Statistics
Food and Drugs
Sanitary Engineering
Industrial Hygiene
Child Hygiene
Health Education and Publicity
Public Health Nursing (Provisional section)

The opening general session was held in the grand ballroom of the Hotel Statler. The guests were welcomed by Cleveland through Dr. Robert H. Bishop, Jr., former Health Commissioner of Cleveland, and now a Trustee of the Cleveland Academy of Medicine; Mr. Newton D. Baker, President of The Chamber of Commerce and Mr. Ralph Perkins, City Department of Public Welfare. Mr. Baker paid a very glowing tribute

WELCOME !

A right royal welcome to the thousand members and friends of the American Public Health Association who convene today for the Fifty-first Annual Meeting. Cleveland, the hotel, the staff workers have spared no pains to make 1922 the greatest ever.



There will be edification, amusement, and good fellowship aplenty for everyone's taste. The big business of reorganization may go on, but the real heart of A. P. H. A. meetings is the hardy perennial glad hand. It's your meeting. Go to it!

This immediately brought the desired response and the atmosphere promised was maintained throughout the meetings. The Bulletin kept everyone up to the minute.

There were exhibits well displayed and interestingly explained. THE PUBLIC HEALTH NURSE magazine and the Committee on Nursing Education had an attractive, well patronized stall, where literature and information were generously dispensed.

to public health physicians and the part of the medical corps in the recent war. Dr. McLaughlin made his presidential address very brief in order to allow time for the report of The Committee on Reorganization and the consideration of the new plans.

The closing general session proved a most lively and argument-provoking meeting. Dr. C.-E. A. Winslow gave a picture of The Ideal Health Department from the Report of the

Committee on Municipal Health Department Practice*, of which he was chairman. Then followed pro and con: "What can we do to Safeguard Public Health from Political Interference?" The speakers included Dr. Nicoll, Deputy Commissioner of Health, State Department of Health, New York; Dr. Hastings, Medical Officer of Health, Toronto; Mrs. Maud Wood Park, President of the League of Women Voters, Washington; Mr. Wilson, former secretary of Chamber of Commerce of Des Moines, Iowa, and Detroit, Michigan; and Dr. John Dill Robertson, Commissioner of Health of Chicago.

At this meeting, Dr. Haven Emerson, Chairman of the Resolution Committee, presented resolutions on the following subjects:

Thanks to Cleveland and its citizens; "The debt owed to Pasteur by the world, and particularly by those interested in public health, as one of the very greatest benefactors to the human race, who has yet lived;" animal experimentation; standards for the practice of the healing art; public health courses in medical schools; study of pneumonia; work of the Committee on Municipal Health Department practice; deaths of members; the Stephen Smith address on lengthening human life; and graded school instruction in health habits. As the last resolution is particularly relevant to public health nurses we quote it in full:

RESOLVED, that the American Public Health Association urge all schools to adopt and put into practice a systematized, graded practical course in health habits, and health instruction, persistence in one, and progress in the other to have the same relation to general scholastic standing as adequacy in any other major subject in the school curriculum.

That a copy of this resolution be sent to all state and provincial superintendents of schools and to superintendents of schools of cities of the first class, to the National Educational Association, and to presidents of all colleges and universities.

That a committee of five be appointed by the president to report at the next meeting

of the Association upon the progress already made toward adequate health teaching in the schools; upon legislation bearing upon this subject, upon text-books now used, or recommended by the Committee for school use, and upon outlines of such courses in health teaching as have already been prepared and put into use.

All the resolutions presented were adopted. The following officers were elected for the term 1922-1923:

President: E. C. Levy, M. D., Director of Public Welfare, Richmond, Virginia.

First Vice-President: Henry C. Vaughan, D. P. H., Commissioner of Health, Detroit, Michigan.

Second Vice-President: Gabriel M. Malda, M. D., Medical Director of National Department of Health, Mexico.

Third Vice-President: H. L. Rockwood, M.D., Commissioner of Health, Cleveland, Ohio.

Treasurer: Roger I. Lee, M. D., Harvard University, Cambridge, Massachusetts.

It is a very great temptation to report on all the papers from all of the very worth while section meetings, but they are to be given in full in *The American Journal of Public Health*. These papers meant careful study and we trust our readers will glean from them even more valuable educational material than one person could glean at the convention itself, owing to the physical incapacity (always noticeable at conventions), of multiplying one's presence by two or three.

There was a large, enthusiastic attendance at all the meetings and a goodly number of women. There were some 175-200 nurses registered and many among the visitors who did not register. The nurses were more in evidence at the Child Hygiene and Nursing Sections than at any of the other meetings. They were made to feel welcome throughout the four days and very generous tributes were paid them.

Public health nurses have met for the past few years and public health doctors have met for the past fifty years, but this fifty-first annual meeting of the American Public Health Association was the first real amalgamation in the public health field of nursing with medical efforts, in

* Dr. Winslow's paper appeared in full in *The American Journal of Public Health* for November.

convention. The Provisional section on Public Health Nursing made her debut at this time. True to form, she was far from the shy and shrinking maiden of yesterday. The eager members and friends quite overran the hall assigned. The section was very vigorous in tone. Our president, Elizabeth Fox, guided the meeting skillfully and graciously, with her usual good poise and common sense. The program was as follows:

1. PUBLIC HEALTH NURSING IN EIGHTY-THREE CITIES.* Margaret Burkhardt, Assistant Superintendent of the Visiting Nurse Association, Bridgeport, Connecticut.

Miss Burkhardt read this report, which was her thesis for her Master's degree. It is a detailed study made as a part of the work of the Committee on Municipal Health Department Practice under Dr. Winslow. The discussion which ensued was opened by Agnes Martin of Milwaukee. She maintained that a complete program of generalized nursing was not generally the function of the Boards of Health.

2. THE CO-ORDINATION OF PUBLIC AND PRIVATE AGENCIES IN A GENERALIZED PUBLIC HEALTH NURSING PROGRAM.† Elizabeth N. Holt, Superintendent of the Public Health Nursing Service, Dayton, Ohio.

Miss Holt presented the work in Dayton so that co-ordination sounded the easy and natural process. Elizabeth Ross, of New Haven, opened the discussion, bringing out her present enthusiasm for generalization and the great need of the service which recognizes "individual differences" in communities as in persons.

3. THE IMPORTANCE OF FOLLOW-UP IN THE HOME. Mary Laird, Director of Public Health Nursing Association, Rochester, New York.

This paper was a delightful and forceful argument which left her audience charmed and convinced. Elmira Beers, of Louisville, continued with the ideas which Miss Laird suggested.

Dr. Winslow of Yale, Dr. Hastings of Toronto, Dr. Champion of Boston and several others were in evidence to encourage the efforts of the nurses. Considerable discussion centered around the feasibility of bedside nursing in a department of health, free care and fees for such service. Dr. Hastings expressed himself very definitely, saying that although in Toronto, bedside care is now given by the Victorian Order, if there were no such Order he would strongly favor it as a function of the Board of Health. He maintained that health services received under the Board of Health are no more free services than school education, also that charging of fees in municipal hospitals supported by taxation had already formed a precedent for charging of fees for home care.

The officers appointed to serve at this initial provisional section were elected for the coming term of service:

Chairman: Elizabeth G. Fox, Washington, D. C.

Vice-Chairman: Margaret L. Stack, Hartford, Connecticut.

Secretary: Agnes J. Martin, Milwaukee, Wisconsin.

The meeting adjourned.

THE NEW CALENDAR

Our readers will surely want to procure a copy of the 1923 calendar, "Leaders of American Nursing," which follows the calendar published last year, with twelve further portraits of women builders of the nursing profession in the United States. The calendar may be procured from the National League of Nursing Education, 370 Seventh Avenue, New York City, price \$1.00 for a single copy, or 75 cents on orders of 50 or over.

* The report of this study by Prof. Winslow and Miss Burkhardt, appeared in the October issue of THE PUBLIC HEALTH NURSE.

† Miss Holt's paper appeared in full in the November issue of *The American Journal of Public Health*.

BEHAVIOUR PROBLEMS WITH THE PRE-SCHOOL CHILD*

By WINIFRED RAND, R. N.

*Director, Baby Hygiene and Dietetic Association
Boston, Mass.*

A CHILD was brought into the doctor's room at a pre-school conference for his physical examination. The doctor was a mild, gentle-looking doctor, quiet and very well-behaved, nothing terrifying-looking about him. He did not wear a white gown, his stethoscope wasn't in sight, he didn't even wear large, round, shell-rimmed spectacles. It was a perfectly innocuous looking room, quite home-like in fact, for it happened to be a little practice kitchen in a settlement house, because pre-school conferences will tuck themselves in anywhere that it is convenient, in order that they may be within reach of the people who need them; and the child looked neither terror-stricken nor terrifying. The stage was set for a comfortable physical examination. But in a twinkling the scene changed. With the first overture from the doctor the child became a screaming, kicking, scratching, biting, fighting creature, resisting with all his strength, he knew not what, but resisting, nevertheless, and for the moment rather effectively. The mother scolded shrilly first, then administered a few cuffs, and then was going to give in and go away without having the child examined.

How often have all of us who have worked in children's conferences, dispensaries or hospitals been witnesses to similar scenes in a greater or less degree, sometimes with the element of fear entering in because of the strange surroundings, but sometimes not. What, too, has been our reaction to the scene? Have we not met the situation just as one of the disagreeable incidents of the day's work, put through the physical examina-

tion if the mother would allow it, and then dismissed it all with the unthinking comment, "That child ought to be spanked." Whether or not that was the right method with which to meet the situation does not concern us for the moment. The thing that does concern us is the fact that preventing such occurrences, or at least dealing with them wisely if they do occur, is just as much a part of a well-rounded child welfare or even child hygiene program as preventing malnutrition or tooth decay or diphtheria or any other of the preventable ills of childhood. They are *children* with whom we are concerned, not merely tonsils, and legs, and stomachs, and as such must be treated *in toto* and not as separate parts.

Shall we strive and struggle for a healthy body and ignore the mind which is the driving power within that body? The machine perfect in every part can be driven to destruction and spread destruction in its path if the mind at the wheel is distorted and warped. "The healthy mind in the healthy body" should be the slogan of the child hygiene worker, for one without the other is an undesirable thing and does not augur well for the future. It would be folly to build a race strong of body but with a twist or kink in the personality that would later mean an abuse of power. And the twists and kinks begin early. The child's mind does not begin to grow and develop at school age. From birth to seven years is a period of rapid brain development. The child is acquiring impressions and reacting to them in rapid succession, and they are all having their more or less permanent effect. It is the threads of the warp

* Read at the Thirteenth Annual Meeting of the American Child Hygiene Association, Washington, D. C., October 13, 1922.

of training which must be drawn straight, else the woof of experience woven into that foundation will make an imperfect fabric. The child will become an adult not quite fitted to meet life successfully, but hampered in some way by a habit which mars his efficiency and peace of mind, such as the habit of unfortunate emotional reaction, or by the lack of a habit which would have dismissed into the realm of the subconscious something which must continuously bother him. Surely it is much more comfortable to have the tooth brushing habit formed than to have to be asked by one's mother, when a college student home on vacation, "If you have brushed your teeth, dear," and to have to give the negative answer.

But to go back to our kicking, screaming child which is perhaps a rather crude and simple type of behaviour problem. That child reacted to a situation of which he thought he was not going to approve in the manner which had proved successful heretofore in other unpopular situations. There was a motive back of his behavior, namely to get rid of something he did not want, and it was perfectly reasonable that he should try this same method again. It was a new and salutary experience to find that as a method it did not always work. If you don't like a thing, scream and kick and you may get rid of it, but the habit of non-adaptability is being formed, and life with its trials and perplexities is not successfully met by the non-adaptable one who turns and runs away or rebels and kicks against the inevitable. If one goes on screaming and kicking through life, or adopting some equally unfortunate method, the time is sure to come when it causes trouble. Without doubt many of these undesirable methods practised successfully by little children form habits of action which are a-social and which we are justified in fearing may lead to delinquency, dependency, and even crime in later life. For instance, there

is the child whose tendency to jealousy is fostered rather than eradicated by his environment. There is the imaginative and sensitive child whose fears are cultivated rather than inhibited by those dangerous adults who are without wisdom, or whose sensitiveness is so worked upon by unfortunate competition with another child that the feeling of inferiority is abnormally developed. There is the child whose natural interest in sex is so unfortunately treated as to become abnormal. Are not all these children developing traits which bid fair to become hindrances rather than helps to them when, as adults, they should be prepared to meet the adjustments which life calls for with the poise which is essential to well being? Granted that this be so, what is our responsibility as child hygiene workers?

Normal growth of an association is like the growth of a living organism. It is from within out. No child grows taller by having a few inches placed on top of his head, and no association grows normally by having new activities placed upon it by some outside agent. So it has been with the development of habit clinics in Boston. The Baby Hygiene Association grew from an association caring for infants under a year of age to an association caring for children up to school age, because the workers themselves called for it as a crying need. The habit clinics were started last fall because the workers, faced with the problem day after day of getting satisfactory results with the pre-school children, realized that there were situations in many homes with which they are not fitted to cope. Children would not eat, children had fears of one sort or another that were not overcome. Children wandered away from home and would give no account of themselves on their return. Children dominated the home in a way which was unfortunate for them and most unpleasant for the home. In fact, children did those things which they ought not to do, and left undone those

things which they ought to do, and there was no health in us. We were not prepared to give those mothers and children the help they needed, and we sought to remedy the defect.

Dr. Thom of the Boston Psychopathic Hospital came to one of our pre-school clinics and looked the ground over to see what might be done. As he says, he had doubts and misgivings, for the difficulties loomed large to us. Language difficulties, over-worked and non-comprehending mothers, distressing home environment, all seemed to make a situation difficult to deal with. But in spite of difficulties the habit clinic was begun in a very simple way, a desk and chairs, a doctor and patient and we were started. Nothing has justified our faith in it so much as the response from the mothers. They are learning that the methods they used were unwise and even deplorable, and that other methods may be adopted which bring the results which they want. They come back gladly for further advice.

To quote from Dr. Thom in regard to one case: "It was a case of two youngsters in the same family, one just five, the other over six years of age. The younger, Gertrude, was brought to the clinic on account of persistent bed wetting and walking in her sleep. She would wake up frightened and cry out, disturbing the entire household. The older, Helen, also a persistent bed wetter, for the past three weeks had been vomiting every morning and occasionally during the day, and was very untidy in her dress and general habits. Both children were a great problem to the mother. She stated that it seemed as if she did nothing but wash sheets all day long, and since Helen had begun vomiting her daily routine had become even more difficult. The conditions in the home were described by a psychiatric social worker as follows: The family lived in three miserable rooms with low ceilings, small windows, and floors in a bad condition, showing that apparently no attempt had been

made to do any cleaning for several days. Piles of soiled clothing were lying around, and wood and coal were scattered about the stove. In one of the rooms there was a small open toilet for the children, to which they went frequently and which the woman emptied at infrequent intervals. A towel and wash cloth that hung by the sink and that were used to wash the baby's face were indescribably dirty. The air in the rooms was very bad.

The mother, a woman of no particular intelligence who was able to speak only rather broken English, was five months pregnant. She stated that she often wondered what she had to live for. She seemed to be afraid of her children, but on the other hand was very fearful that some harm might come to them. She walked to school with them twice every day because she was afraid that the bigger children would knock them down. There were four children, the two of whom I have been speaking, Helen and Gertrude, being the oldest. It was not difficult to determine that Helen's vomiting was purely a matter of imitation. The mother had been vomiting herself (because of her pregnancy) for the past month, often in the presence of the child. The bed wetting of both children had been tolerated and no attempt had been made to establish a routine that would tend to break up this habit.

Within two weeks the vomiting and the bed wetting of both children were stopped by very simple, common-sense measures. I need not say that the mother was much gratified at getting results by following our simple instructions. An effort is now being made to help her with the family budget—as the income of the father is sufficient to provide much more comfort than the family is getting, and to teach her some of the principles of cleanliness and household efficiency. In this case our success with the children was the initial wedge in getting into the household and doing something for the entire

family. A discouraging home condition, and yet results were obtained.

Another child came to the clinic because she would not eat. Candy and meat, or nothing, was the child's ultimatum and what she said apparently carried weight. A tiny little child had learned her power and a habit was being formed which one would think might at least lead to a gastric tragedy. The child also sucked her thumb almost continuously. The mother was advised to ignore the thumb sucking and various methods were tried to encourage the child to eat properly. A child's love of approbation was played upon, simple rewards were given. The child was given a chart to fill in with crosses when she ate certain foods. Pleasure in her own gain stimulated her to further effort and eventually a better régime of nourishment was an accomplished fact. The thumb sucking, which was apparently due to a feeling of hunger because of improper feeding, gradually stopped. It is not all plain sailing, there are cross currents which hamper progress. In this case it was discovered that the mother lied to the child about her food, saying one day that there was ice cream in the rice, and then the child tried to drop back to her old habits and much had to be done over again.

There is the case of another child 5½ years, where the problem is stated as "Refuses food, fainting spells, thumb sucking, screams and kicks when not allowed to have her own way. She is described on the record as very affectionate but self centered. Plays well with other children. Gets on well with baby sister but is ignored by older sister. Is not sullen. Mother claims that she completely dominates herself and her husband. When punished by either parent, has what her mother calls a fainting spell. She is then picked up and put in bed and petted until she recovers." Such a situation in a home makes a well balanced life impossible. Things are out of gear and the tendency is to get more

so rather than less. One child is getting overmuch and unwise attention to the detriment of the other children in the family. In the family mentioned the strain was particularly apparent and more or less family strife was resulting. Attendance at the habit clinic, frequent conferences with the mother and then with the child resulted in a changed attitude on the part of both and a distinct improvement in the situation.

There was the case of a child of 3½ years who went to bed at 7:30 and slept until 1 or 2 then woke up and woke frequently the rest of the night. She often wet the bed and her clothes during the day. The mother said she did this only when nervous. She had recently seen soldiers drilling and since then talked constantly about them and said they were going to take her. She became frightened of the dark and wanted her mother with her all the time. The child was very shy with the doctor at first and made no response to his attempt to become friends. The first efforts were made with the mother. Suggestions were made as to how to help the child overcome her fear of soldiers, and a few simple changes were made in the child's daily régime. Improvement was slow, but the fears were conquered, and the child's extreme shyness was overcome.

Some one may say that many of these undesirable habits are self-eliminating. This may be true to a certain extent, but they are all leaving their mark, and we are not justified in ignoring them just because some of them apparently may disappear. Someone else may say that they have tried some of the same methods described and had results without a habit clinic. So far so good. But it must be more universally done, and many, many of us need further training in child psychology in order that we may meet with helpful understanding the problems which children's actions and reactions present.

The work of the habit clinic is in its infancy. It is in no way spectacular. The doctor gets an account of

the child, its physical history and habit history from the home visitor and then has individual interviews with the mother and child. The mission of the clinic is at least two-fold; it is seeking to give help to these individual cases which come to us, it is also seeking to interpret the reactions of early childhood, to understand the intricate and involved problems of this age period and to develop means and methods of dealing with these problems which will mean a contribution to the cause of child welfare.

Apologies either before or after should not be a part of one's paper, but at least a confession at this time is almost called for. I am not a psychiatrist, a psychologist, or a psychiatric social worker. I am merely one of those workers who has long felt the need of help along these

lines if we would have a well-rounded child hygiene program, and I speak because I see that help may come to all of us; not only to those who may turn to some psychiatric clinic close at hand, but to those who are working almost alone with the whole burden of the child's welfare on their shoulders. In the laboratories which the crowded cities equipped with hospital and medical facilities offer, methods will be worked out which eventually can so enrich our training that we may be prepared to meet these problems arising from a little child's mind.

As child hygiene workers we have in our hands a wealth of plastic material which is ours to help in the shaping. Shall it be an unbalanced and distorted thing, or can we make it "a thing of beauty and a joy forever?"

SOME THINGS THE LAKE MOHONK CONFERENCE TAUGHT A PUBLIC HEALTH NURSE*

1. That we should take less of our time doing classroom health teaching, and more time supplying our teachers with subject matter and suggesting to them how they can correlate health topics with regular curricular activities and health clubs with extra-curricular activities.

2. That we should work out some plan whereby we can make our routine examinations more leisurely, with a view to discovering the cause as well as the presence of defects, and the mental and moral as well as the physical conditions.

3. That we should emphasize the magnificent condition of health of children, as well as their defects. If we occasionally notified parents that one child was in splendid physical condition, they might be more impressed when they received a notice that another child needed his tonsils removed.

4. The greatest help of all that I received from the Conference, was to find that we, as public health nurses, have so far succeeded in popularizing health education that leading educators in the country are not only willing but eager to carry on a definite health program, that we are eventually going to have the whole, great teaching force in the country helping us to carry on this work, which has been proven to be so much worth while.

MARY E. CHAYER, R. N.

* The Lake Mohonk Conference on Health Education and the Preparation of Teachers was called by the U. S. Bureau of Education and the Child Health Organization of America. A report of the Conference appeared in our September issue.

INDUSTRIAL NURSING UNDER BUSINESS DEPRESSION*

By ELIZABETH WHITTY, R. N.

Providence, R. I.

THE questions have been asked, "Has industrial depression affected the industrial nurse, and if so, how?" The answers to these questions will vary with individual nurses and firms.

Industries in this connection might be classified under three headings, as follows:

1. Industries where depression has been very marked.
2. Industries where depression has not been so keenly felt.
3. Industries that have been but little affected.

In the first class it has often been necessary to dispense with the services of the nurse. Under the second heading it has seemed generally advisable to retain the nurse, varying her duties from the regular field of nursing. Under the third class, the need has not been felt for either dispensing with the services of the nurse or of making much, if any change in her duties.

The necessity for working ethically under the direction of a doctor in connection with surgical and medical cases in industry as well as in hospital and private duty should need but little explanation to a group of trained nurses, but it might be well to have this importance thoroughly impressed on nurses who contemplate entering this particular field; as this is not the purpose of this paper it will not be dwelt on further here.

The value of home visiting is so well understood in connection with industrial nursing, that this phase of the work will not be stressed; this, however, seems to be the part of the work most generally curtailed by business concerns during the period of industrial depression.

The aim of this paper is to consider, principally, the varied fields of endeavor which the nurse may fill during times of depression, keeping in mind that, wherever possible, home work should also be done, even if it be only a limited amount.

During recent years farsighted business managers of large or fairly large concerns have employed specialists during favorable times to take charge of the different forms of work which the industrial nurse has developed with her entry into industry. During industrial depression she has very often returned to these fields when other specialists have left the service of the company.

For the ambitious and resourceful type of nurse coming under the second classification of industry this has been a great opportunity for her to exercise her versatility and to find openings for correlating her field with the different sections of industry; she has a better opportunity for getting an insight into general business methods; of getting information on the different ways in which production is carried on most successfully; of overlooking cost statements, particularly those pertaining to her own department; of observing efficient management and results; of knowing the workers more intimately; of studying the relation between wages, living conditions, and the worker; of acquiring knowledge on cause and effect of fatigue; of promoting a better understanding between the employer and the employee, and so on; all of which can be interwoven with her field of endeavor so as to make her a more valuable worker to the greatest number of people.

Industrial nurses have been very

*Ten minute paper read at the meeting of the Rhode Island State Nurses' Association, April, 1922.

much pleased to hear occasionally keen, alert business men according publicly to the nurse her share in aiding production; and when it has not been either publicly or verbally expressed it has been felt that it was known, for the nurse has been treated accordingly; it may not always have been in increased salary, but it has been in the increased confidence that has been placed in her and the co-operation accorded to her efforts.

The broad task, with its various angles, of keeping the well employe well so that he may be of most use to himself and his employer is so far reaching in its co-operative results that it may extend from the employe to his home, to the neighborhood, and to city, state and national agencies. The industrial nurse may be a great help in furthering the establishment of good legislation which will not only benefit the workman in his field of employment, but his children, his home, the community, and the state; she may also be able in this way to promote the interests of the right and fair-minded type of employer, of whom there are many in industry; men who would gladly welcome and comply with good working laws, providing all other industries did the same.

The nurse who enters industry directly from the hospital or from the field of private duty nursing should broaden her field of vision and activities by means of some of the many educational methods now so easily obtainable. In this way she will become a successful industrial nurse and will be of most value to her employer, and particularly so in times of industrial depression when she will be able to fill in, in an intelligent manner wherever her services are most needed. The trained nurse is capable of rendering at all times valuable services in the field of industry.

Some of what might be termed the by-products of industrial nursing, or avenues into which the efforts of the nurse have been directed during industrial depression are as follows:

1. Clerical work, pertaining to her own fields of endeavor.
2. Employment management.
3. Inspector of safety and sanitation.
4. Supervision of bulletin board service.
5. Supervision of lunch rooms, replacing the trained director during industrial depression.
6. Supervision of recreational and educational activities, due to the same reason.

There are many other fields where the trained nurse may be a valuable asset, besides these just mentioned, but the above have been tried out with pretty generally satisfactory results to all concerned; of course, it is understood that it is impossible for one who has not had special training to substitute, equally well, the competent trained person who has had charge of specialized fields; but we must in many cases accord a great deal of credit to the versatility and capability of many of the industrial nurses who have done good work while substituting in this manner. Time will not permit me to discuss at any length the varied activities that have been taken over by the industrial nurses, but I will call attention to two: bulletin board service and employment management.

If the nurse is given charge of bulletin board service she has a great opportunity for selling her valuable ideas, and they need not be confined to safety and health alone. The bulletins issued monthly by the National Safety Council are very useful material for such work, so also are newspaper clippings, pictures of leading persons and events obtained from various sources, reports of employes' recreations, such as baseball, bowling, tennis, glee clubs, etc.

A great variety of methods may be used in connection with bulletin boards; arranged in one form some bulletins may reach only a limited percentage of employes, while an ingenious rearrangement may be made so attractive as to reach all or nearly all the employes. One successful series of bulletins was arranged in this way: pictures of employes' children, marked with safety and health slogans, which were the pri-

mary object, were posted in groups on the different bulletin boards; valuable lessons were taught in this way without the knowledge or consent of the employees, who were naturally attracted to the boards by the photographs of the children.

The studies of advertising, or publicity, and salesmanship are of value to the industrial nurse, as well as to the nurses connected with hospital or private duty work. In this manner the nurse can make her work not only more interesting, effective, and valuable to those whom she is instructing, but to herself as well; such studies could be pursued as an avocation which might easily be associated with the nurse's vocation when an opportune time occurred. What could be more satisfactory to the nurse than to feel that she might have been instrumental in giving help to individuals or groups of people by means of a pleasant avocation?

In connection with the field of employment management, this should be entered with reservations. The nurse is a valuable agent in employing, placing, and transferring help, owing to her knowledge, training and powers of observation; her application of simple tests at the time of interviewing the prospective employee is also valuable; from another standpoint her insight of work and work

conditions gained from frequent visits to the different departments, as well as her knowledge of the various types and character of the different foremen and women, gained by her association with them, enables her to place employees to the best advantage; but the question of complaints and discharge should be taken up by heads of departments with their superior officer and the nurse left entirely out of this phase of the work, for obvious reasons.

The ideal industrial nurse must be a genuine friend and adviser of the employee, no matter what other valuable or ideal services she may be capable of rendering; and although she may fail to be all things to all men at all times, she can be assured of finding her welcome, helpful, undisputed niche with employer and employee alike, during periods of depression or otherwise, if she will act on the thought given to us in the beautiful poem of Sam Walter Foss:

Let me live in the house by the side of the
road.

Where the race of men go by:

The men that are good and the men that are
bad,

As good and as bad as I:

Then let me not sit in the scorner's seat
Nor hurl the cynic's ban,

Let me live in the house by the side of the
road,

And be a friend to man.

ON THE FACE OF THE WATERS

American sea captains have not been slow in availing themselves of the medical wireless advice offered by the U. S. Public Health Service Hospital No. 70 (Hudson Street, New York), reports the arrival at 10 o'clock at night of a message from the steamship *Chester Valley* saying that a man on board was suffering from pain in the abdomen, persistent vomiting, and inability to lie down owing to the pain. The officer of the day promptly prescribed treatment; and the next morning the ship wirelessed thanks, saying that the patient was much improved.

—*Health News, U. S. Public Health Service.*

"NO MARGIN"

THE Moving Picture Theatre of a Public Health Exposition is perhaps the best attended and most popular feature. Crowds throng to this room at all times of the afternoon and evening—the characteristic mixed crowds that come to every health exposition.

It was this mass of people to whom the Brooklyn Visiting Nurse Association was anxious to carry its message. The moving picture, "No Margin," was therefore conceived and photographed and during the week of October 7th to 14th it was shown to the audiences who attended the Brooklyn Public Health Exhibition.



The Nurse visits homes where there is no margin for illness

The title, "No Margin," was suggested by the opening words of the film, "In the swarming tenement districts of Brooklyn exist hundreds of thousands of worthy workers whose scanty earnings leave them *No Margin* for illness or affliction."

The audience is at once introduced to the home of a poor Italian family. The father has long been out of work and the mother, a maternity case, has been ill for many days. The physician who attends them promises to send them a nurse, "free in cases like this," and in a very few hours the visiting nurse from the Brooklyn headquarters is bringing comfort and cheer into their home.

The visiting nurse passes on to her next case, a pneumonia patient,



Jimmie is promised orthopedic care and a bus ride to school

and here too she is able to give the infant a skilled nurse's care and show the poor mother the measures she must take to help restore the baby to health.

On her morning's rounds she finds "Jimmie Lee", a happy little cripple, watching the children of the neighborhood. She makes a note of his name and address and after her scheduled calls for the morning, visits Mrs. Lee and her large family. Jimmie is promised orthopedic care and a bus ride to school. And when the nurse's promises are fulfilled and Jimmie is actually taken to the hospital and later to school—a sunshiny, glorious little fellow, smiling happily because his braces are helping him to take his place with the other boys—then the audience forgets it is a screen story and is moved to applaud a work that is so worthy.

This moving picture, produced by the Brooklyn Visiting Nurse Association, is excellent from the standpoint of its simple appeal, the convincing acting of the nurses and the superior photography of the producer.

It is interesting to note that in 1919 the National Organization felt the need of a motion picture for the entire country and therefore produced "An Equal Chance." In 1922 we find Providence, Rhode Island, and Brooklyn, New York—two leading visiting nurse associations—producing films to educate the public

in the large cities in which they work, to the need for assisting them to finance their service.

The motion picture is unquestionably the most effective and dramatic way to tell the public about public health nursing. Is it perhaps possible that in the next few years, other

visiting nurse associations in the large cities of the country will find this an economical and convincing way of telling the churches, clubs, and schools, and other community organizations of their work and financial needs?

ANNA K. BEHR.

MEETING OF THE AMERICAN CHILD HYGIENE ASSOCIATION

By SARA B. PLACE

OUR old friend "co-operation" came haltingly into our midst at the A. C. H. A. meeting in Washington and in its stead came a much more positive thing—to the writer's mind, at least—in the phrase, "adaptive" frame of mind, policy, program, or what-not—a distinction between a passive "concurrence in action" as against a positive "to alter so as to fit."

This was a particularly happy circumstance at this time when the two child welfare organizations, the Child Health Organization and the American Child Hygiene Association were considering a consolidation. Heretofore there had been a definite co-operation, but the old work did take on an adaptive frame of mind out of which has grown the new organization. Along with the teaching of positive health goes this very positive amalgamation of erstwhile co-operating bodies to further it.

Probably never before have there been as many educators at this annual meeting—those interested primarily in the education of the various groups of field workers having to deal with the child. From both sides, theory and practice alike, came the cry for a sounder technical foundation for any and every group.

From the medical point of view the solving of many field problems goes back to the giving to the student an accurately scientific foundation in preventive medicine.

Not only must an obstetrician know obstetrics but he must have a

sound scientific knowledge of gynecology. A pediatrician must know normal, healthy children as well as sick ones. A psychiatrist must know not only the mal-adjustments of the human mind but he must be able to comprehend and teach healthy-mindedness.

The nurse, aside from securing a scientific grounding in subjects fitting her to give nursing care to sick humanity, must of necessity know well people and have an adaptive mind concerning every activity touching a given human being. The dietitian, aside from a scientific knowledge of foods and food values, must know conditions which make for the adequate assimilation of those foods. The only good foundation is sound, scientific training.

Not only were pleas made for higher standards in the educational equipment of the personnel dealing with child welfare problems, but the way was clearly pointed as to the tremendous obligations assumed by workers in dealing with the situation. One of the greatest gains is to come through an honest acknowledgement by any group of its limitations and an accurate knowledge of how to augment existing facilities for dealing with a given case.

The inspiration of attending meetings and listening to such people as those who presented the program was tremendous. Papers can be reprinted, but it is worth going long distances to get the inspiration coming from the simplicity of a man such as our president, Mr. Hoover.

SCHOOL NURSING*

By MARY E. CHAYER

School Nurse
Flint, Michigan

THE aim of school nursing is to make and to keep children well.

Each year of our work we should find fewer physical defects than the year before, fewer children below normal in weight, fewer absences because of illness, fewer dirty children. If we are not getting these results, then we are not justifying our existence as school nurses. If the children come to us in the kindergarten well and strong, we should help keep them so. If they are not physically fit, we should do all in our power to make them so. If that is impossible, then we should make provision for their education under handicaps.

To this end the school administration has its responsibility—adequate buildings with proper lighting, heating and ventilation, adjustable desks and seats, drinking fountains, paper towels, shower baths and towels, etc. It is the duty of the nurse to call attention to faulty sanitary conditions and lend her influence toward changing them. She should make a monthly sanitary inspection of all her buildings.

Assuming that the school administration has done its part, let us approach the work of the school nurse in its three important aspects:

1. As a nurse
2. As a teacher
3. As a social worker

THE SCHOOL NURSE AS A NURSE

Obviously the first duty of a nurse is to discover conditions as they exist. The text books of school hygiene say: "A thorough-going mental and physical examination at the entrance of school." Doubtless that is approaching the ideal, but in many

instances we are not ready for a complete physical examination by a physician, nor a mental examination by a psychiatrist or psychologist. We may, however, discover the condition of eyes, ears, nose, throat, teeth, skin and nutrition as well as the gross defects, and may know something of the mental reaction, by close observation in class rooms and talks with teachers.

The first part of the nurse's visit to the school is spent in examining the children sent to her by the teacher. These are the obvious things: the sore throat, the running ears, the red eyes, the symptoms of cold, the flushed face, the skin infections, the anaemic child, the languid child, the child who cannot see the blackboard, and the countless other troubles that a careful teacher discovers at once. Many of these conditions require immediate attention. This is what we call our referred work, and is one of the reasons why a nurse should visit every school every day if it is any way possible. Only with daily contact with the school can we expect to control communicable diseases, skin infections, and the like.

SECOND: Absence for illness should be reported every day to the nurse after the teacher has ascertained whether the child is ill or a truant. We pass our book every day for the names of absences due to illness, the name being repeated on the book every day the child is out. If his name fails to appear, the child is back in school and should be sent to the nurse for her inspection. This is the second reason why the nurse should visit every school every day and is, incidentally, the reason we have only one truant officer in our system of 16,000 pupils. The nurse

* Read at the Conference of the State League of Nursing Education at Ann Arbor, Michigan, June 16, 1922.

visits the home of the child whose name appears on the book, as soon as possible and always within three days. In this way we can report early symptoms of contagious disease and can see that the child is early getting the proper medical attention.

THIRD: Class Inspection. We ask our teachers to make daily class inspections in the lower grades, referring to us any who are questionable. The nurse makes monthly routine class inspections, and daily inspections where contagious disease has been found.

FOURTH: Routine Examination by Nurses. We start our routine examination in the kindergarten and first grades of children who have no previous school record. The most common defect is defective teeth. We have been fortunate in having a dentist do the routine dental examination with probe and mirror. In this way, the fissure cavities in the sixth year molars are not overlooked. The per cent of dental defects in schools untouched by free clinics reaches as high as 85 per cent, with often 25 per cent of deciduous teeth abscessed. This wholesale condition of neglect of the teeth of children wholly justifies the nurse in spending much of her time teaching the care of the teeth, and getting defects cared for as early as possible. If school clinics are not available, private dentists are very good about giving a little time now and then.

We started our publicity along this line by having contests in second, third and fourth grades. We made large posters with health rhymes at the top and plenty of space at the bottom. Whenever a child went to the dentist he was allowed to place his picture, with all pomp and ceremony, on the poster. The first year, one room out of five contesting, we had every child's picture on the poster the first semester. Thereupon we made a pennant for that room, which was placed on the door for every one to see. The pennant also had a story attached to it, that

the children themselves told to anyone asking the "why" of the pennant.

Defects of nutrition are second in the frequency list. The matter of poor nutrition is commonly taken care of in two ways—fresh air room, and nutrition classes.

FRESH AIR ROOM: One fresh air room of twenty-five pupils to every one thousand grade pupils will take care of the worst cases of malnutrition. Children are entered in the fresh air room only on recommendation of the school physician, after a thorough examination, the parents being present. They are thereafter examined twice each year and more often if not doing well. If under a private physician, we report to him our observations as to temperature, etc. We do not keep in the fresh air room any children whose parents do not give us the very best co-operation.

A fresh air room in a main building, operated in connection with the domestic science department, costs, after the initial equipment, \$60 per capita. If run in an independent building, it costs \$156 per capita. It behooves us, then, to get the best results possible from our work, and we cannot have this without co-operation of parents.

As a routine, we weigh and take temperatures once a week, serve hot lunches at noon, milk between meals, a rest period of one hour, daily use of tooth brush under inspection, weekly shower baths, daily health talks, and keep constantly before the children daily health rules. We have monthly mothers' meetings for conference and advice, which are mutually helpful. And we insist that all defects recommended by the physician for treatment shall be corrected at the earliest date.

It is impossible to care for all the 19 per cent to 25 per cent of the children who are below weight in this way, also the Emerson classes take a very great deal of time, and we can reach only a few of those who need attention. Feeling the need of a more comprehensive program, we

have worked out a scheme that is netting us very good results.

Using the classroom weight record, furnished by the State Department of Education, we weigh every grade child monthly, placing the names of those up to weight and above at the top, and on down the scale, as the per cent of weight decreases. Then we weigh hurriedly those who are not in need of special attention and, more slowly, those below weight, talking personally with each one about his eating and living habits, calling attention of teacher and parent to any child who is not gaining normally. At the end of each semester we give a passing grade to those who are up to standard, and to those below standard who have made a normal gain. In the lower grades we give rhymes on food, health talks, etc. In the upper grades, we supplement this with talks by food and dairy inspector, milk dealers, health officer, and others. Pupils write essays on how to gain weight, make good receipt books, which they take home to their parents, thus stimulating their interest. About two hundred and fifty children are sent to fresh air camps every summer.

By far the greatest aid to nutrition is an extensive use of milk in the diet of children. To this end, an extensive milk campaign once a year, as soon as possible after school opens, is of inestimable value. The raising of a fund upon which to draw for children who cannot afford to buy milk is an essential part of the campaign.

Enlarged and infected tonsils are our next problem. These we do not call defects until a tonsillectomy is advised by a physician. If no clinic is available for the care of needy cases, one can usually find specialists who will give a little time at the hospital, and the patient can pay the hospital fee, or the commissioner for the poor will see to this, in needy cases.

With eye defects, when pupils are not able to read the eye chart 20/30, or have strabismus, repeated styes,

conjunctivitis, watery eyes, or repeated headaches not attributable to other causes, we advise an eye examination by an eye specialist who is a physician. We do not send anyone who is ill to the drug store, be the prescription specialist the best in the country. Neither do we send children to an eye specialist who is not a physician.

In skin diseases, such as scabies, ringworm, impetigo, it is well that the physician make the initial diagnosis.

In case of absences for contagious diseases, we require a permit from the health department before the child is permitted to enter school. Where there is no well organized health department, the attending physician should issue a permit. We consider it poor technique for a school nurse to enter a home after it has once been placarded. The case then belongs to the health department and should not be visited by the school nurse.

The nurse always accompanies the physician or dentist making his routine or special examination, assists at vaccination, etc.

THE SCHOOL NURSE AS TEACHER OF HYGIENE

The most far-reaching effect of the work of the nurse is her work as teacher. And, first of all, she must teach every teacher to be a good teacher of hygiene. This can be best accomplished by correlating the health work with the school curriculum. Therefore, the nurse cannot be too familiar with the curriculum. But, even if she is not familiar with it, except in a general way, she can easily call the attention of the teacher to the correlating of penmanship with good posture, drawing with health posters, English with essays on health, and dramatization of health stories, making health stories and rhymes. One teacher gave a talk on the care of the skin while taking up the subject of hides, studied the texture of different hides and compared them with the human skin. Then she took

up the subject of tanning of hides, leathers and the right kind of shoes.

In a bird talk, one can emphasize the value of good eye sight and good hearing, good nervous control, wholesome play in the open, proper clothing and shoes, and the right kind of foods for a wholesome lunch.

The domestic science teacher is one of the nurse's strongest allies, correlating her work with wholesome food, happy and cleanly home surroundings, proper clothing, fresh air, ventilation, etc. She is usually glad to have the nurse supplement her lessons on care of the baby with talks on infant hygiene. A good lesson for a class in fractions is to compute the average gain in weight of a room from month to month. After the nurse has interested all her teachers to become teachers of health, they will themselves find countless opportunities of correlating the work, and the nurse will have developed a wonderful system of instruction in hygiene. I am constantly surprised and gratified by the responses we get from teachers. Any time spent with them in explaining our work is time well spent.

A few weeks ago we were sending slips to parents, telling of the value of toxin-antitoxin, and asking them to sign slips if they wanted the treatment to be given. We asked the teachers to co-operate in getting these slips signed. This was in a foreign community. At the end of the day, after having made the same explanation to about twenty teachers, feeling rather tired, I dropped down in a chair to rest a minute. It was after school and the teacher began to ask me questions, which I answered with probably no great show of enthusiasm. When the returns came in, this room responded far ahead of the other rooms, in fact, four times as well. One should always bear in mind that the health lesson must be a happy lesson. Make health not only fashionable but desirable.

Health rhymes are of value in the lower grades. One can easily make rhymes that will take a child through

the whole day. The children make some very good and very enlightening rhymes. One of the latter is:

"U is for underclothes, keep them white,
And you will always sleep better at night."

I have arranged a child's day in rhymes that we used, from week to week reviewing the previous ones. The children recite these with the nurse, with proper gestures, and say them alone as soon as able.

There are many health clubs, but the one we have worked out most successfully is the Civic League. The Civic League was first organized in our foreign community as a method of teaching civics in graphic form to the eight grades. The lower grades make a daily check-up of health habits and send a representative to the weekly league meeting, with a report of what they have accomplished. The nurse is advisory chairman of the Sanitary and Public Health Committee. We made a report form, and pupils make their daily check-up on personal hygiene, room and building sanitation, using these forms.

Just before the annual clean-up week of the Chamber of Commerce, handbills are distributed and teachers and nurses take one afternoon to visit homes and yards. The effect on the community has been very remarkable. One seldom sees an ill-kept yard since we have been carrying out our program.

One spring the domestic science girls cleaned house for an old lady who is poor and almost bedridden. The boys carried the water, cleaned the windows and porches and raked the yard. They kept the lady in fruit and flowers most of the time.

Each spring we have a fly campaign. This spring I am leaving all the plans for the campaign to the Civic League. They will get up all their own publicity and give the talks to the grades.

The league has its own court, with judge and attorneys, where cases of continued misdemeanor are tried. This is a very dignified proceeding, as any law court should be.

Dramatization of health stories certainly enlists the interest of the participants and of many another as well. We once gave a fruit and vegetable play. One little girl in the fresh air school did not like spinach. She was given the part of spinach and, dressed in her leafy green gown, she recited:

"I'm spinach in my dress of green,
I'm just as happy as a queen;
I'm truly glad that I am good
For little children's early food."

The children called each other by their vegetable names and Valerie has liked spinach ever since. She said, "I had to like myself."

The nurse has a wonderful opportunity of presenting her problems to mothers' clubs and parent-teachers' associations, and to other civic clubs that should be interested in the community health. Publicity of the right sort is essential. Often a city does not know anything of its own health activities. One school board member wrote to a nurse in a distant city, asking her about school nursing. She replied: "Why don't you acquaint yourself with school nursing in your own city? It is the best in the state." It is the duty of the nurse to acquaint the city with the work school nurses are doing.

I have already spoken of the milk campaign, clean-up campaign and fly campaign. In connection with both clean-up and fly campaigns, the upper grades make sanitary inspections of eating places and meat and grocery markets. They report uncleanly places, first to the advisory chairman of the teachers, and, later, to the Food and Dairy Inspector.

A toothbrush campaign is also of value. We have the campaign over the whole city at the same time. Druggists must be approached as to the right kind of brush to sell to children. Most brushes sold to children are too large and the bristles too compact.

In safety first campaigns, they report holes in sidewalks to the City Engineer. The pupils discovered that a man was doing slaughtering even-

ings and throwing the entrails into the river, drying the pelts on the roof. This the Civic League reported to the health department, and the man was warned. It has not occurred since.

We plan excursions to the municipal water system, dairy plants, bakeries, health department, etc.

The room for the mentally deficient child comes under the care of the nursing department in our system. We make the home contact, and after studying the mental and physical condition and home environment, make the recommendation to the principal as to whether the child should be in an auxiliary room or not. It is necessary, then, that every nurse have a course of study dealing with the subnormal child. She should know how to give a mental test, though the teacher does the actual testing. If the child is too low mentally to be kept in school, the nurse must have the child taken care of through other channels.

This is not an ideal situation, and not one that the nurses created. But since we have no mental hygienist in our system, no supervisor of special classes and only a few teachers specially trained for this classwork, there was nobody found who was better qualified to do this work, so we were asked to handle it until specialists were provided. So we have met the emergency by taking special courses; and we shall be glad to be relieved of this responsibility as soon as possible.

THE SCHOOL NURSE AS A SOCIAL WORKER

In many cities there are not trained workers to whom we can appeal for help in cases of social adjustment. The nurse should be familiar with the inner working of juvenile courts, with probation officer, poor commissioner and all social and philanthropic organizations in the city. She must know how to dispose of the occasional upper grade girl who goes wrong, the habitually delinquent girl who is always a social concern, the

neglected child, the dependent child, the subnormal child, the blind and deaf, who need to be educated in special schools or classes, the epileptic who must be protected from physical danger, the badly crippled child who, following surgical intervention, needs, more than the ordinary normal child, to have an education. The school nurse must have a solution to all of these problems. You may well ask, Will a few nurses accomplish all this? We cannot do it alone. We must be content to go

step by step, always advancing farther than we recede. One nurse can carry out this program and more if she has 2000 to 2500 pupils; but if she has more, she may still accomplish much by her system of co-operation with others.

There are yet of course, other aspects of school nursing not touched upon here.

"Who puts into its place a fallen bar,
Or flings a rock out of a traveled road,
His feet are moving toward the Central Star,
His name is whispered in God's abode."

A BLUE RIBBON FOR THE NURSES



Nassau County Public Health Nurses received a Blue Ribbon at the County Fair in Mineola, N. Y., in appreciation of the work carried on at their tent.

The exhibits were all of instructive value, dealing chiefly with the health and welfare of the family.

The food exhibit, with a nurse in attendance, instructed thousands as to the proper feeding of infants, children and adults.

Another attractive display of pre-natal infant welfare and child hygiene care was in charge of a nurse from the State Department of Health.

The two county tuberculosis nurses featured many phases of their work in the county. Each district nurse had an exhibit of some particular feature of activity.

The exhibit was sponsored and financed by all visiting nursing associations in the county.

AN EDUCATIONAL PROGRAM FOR SCHOOL NURSES

By L. A. WILKES, M. D.

Medical Director, Trenton Public Schools

IT IS desirable that all public health nurses have an educational background of at least graduation from high school and hospital training school. It is further desirable that they have a public health course, of at least a year, as is now given at several colleges and universities. For work with children it is a great advantage if they have had training as a teacher in the schools.

The writer arranged last year a course of informal talks by various physicians, dentists, social workers, specialists, teachers and hospital heads, in an endeavor to promote correlation of work and minimize overlapping of effort by a mutual understanding of the aims and practices of each.

Only one hour per week was devoted to these lectures, which were followed by questions and discussion of the subject. The time required was not sufficient to disrupt the work of the corps, and I feel that decided benefit is already manifest in our work. The lectures were extremely practical in nature.

It should be the plan of the course to bring in a representative of every agency with whose work the nurse comes in contact in any way whatsoever, so that he may make known their program for the year especially, in addition to their general program, aims and organization. Much friction and inefficiency can be easily eliminated by such understanding and co-operation, and both organizations are materially benefited, as well as the community itself, by preventing duplication of effort.

Since the time for this course of lectures was provided by the school authorities no nurse felt imposed upon when no material reward was offered.

The various lectures were taken down by a stenographer and, after revision by the lecturer, are to be issued to the nurses in booklet form for reference.

Much interest was manifested in the lectures and discussions by the nurses, and new ideas and enlarged vision added further inspiration to their work.

Every city has several organizations and agencies closely related to the health of the school child, whose services are needed by the nurses in their work with children, especially for those children of indigent parents, who are in need of corrective measures.

The city health officer, laboratory director, dispensary chief, dentist, overseer of the poor, hospital medical directors, social service directors, various specialists among physicians, educators, psychologists, psychiatrists, and others, are usually willing to volunteer their services in such a cause.

While these lectures and demonstrations do not take the place of a full college training course for public health nurses, they contain the essentials, boiled down to a practical outline upon which, with her enlarged vision, the nurse can build further from her observations in her work, and by individual study for the more ambitious ones.

One lecture at least should be devoted to the purposes and methods of record keeping, its importance, and the necessity for keeping complete and accurate statistics of all essential facts. The program of lectures given to the nurses of the Trenton Public Schools is as follows:

PROGRAM OF LECTURES

Suspicious Signs and Symptoms of the Ordinary Contagious Diseases of Childhood—	<i>Medical Director, Trenton Public Schools</i>
Preventive Measures and Methods of Control of Contagious Diseases—	<i>Medical Director, Trenton Public Schools</i>
The Discovery and Importance of Physical Handicaps in the Growing Child—	<i>Medical Director, Trenton Public Schools</i>
Health-Habit Training for School Children	<i>Medical Director, Trenton Public Schools</i>
Common Disorders of the Eye in School Children.....	<i>Eye Specialist</i>
Common Disorders of the Nose, Throat and Ear in School Children—	<i>Nose and Throat Specialist</i>
The Importance of Laboratory Tests in the Detection and Control of Infection and Contagion.....	<i>Chief, State Laboratory of Hygiene</i>
Aims and Methods of Modern Preventive Dentistry.....	<i>School Dentist</i>
Co-operation between School and Public Clinic Dentists.....	<i>Director, Municipal Dental Clinic</i>
Co-operation between Medical and Physical Departments for Health Promotion, and the Raising of the Physical Standard of the School Child—	<i>Director of Physical Training, Trenton Public Schools</i>
Orthopedic Defects in the Growing Child: Their Prevention and Cure—	<i>Director, Orthopedic Clinic</i>
Adequate Relief Measures Available in Trenton.....	<i>Secretary, Trenton Welfare Association</i>
Mental Limitations: Their Determination and Its Practical Application to School Children.....	<i>School Psychologist</i>
Nutritional Regulation and Provision for School Children.....	<i>Specialist in Nutrition</i>
The Control of Major Contagious Diseases in Trenton.....	<i>City Health Officer</i>
What are the Most Practical Lines Along Which Health Education can be Successfully Promoted?.....	<i>Superintendent of Schools...</i>
Co-operation Between the Hospital and School Children of Dependent Parents in Correction of Physical Defects.....	<i>Medical Director, St. Francis Hospital</i>
Co-operation with Attendance Department.....	<i>Director, Attendance Department</i>
Records: Their Preparation, Preservation and Value—	<i>Chief, Division of Vital Statistics, Department of Health</i>

One "Outing" Day a year is a stimulus to the work. The various members of a staff should meet on an equality of position, since it is a social affair, and business relations for the day should be forgotten.

Another point of importance is in the issuing of orders for certain work, a portion of which is to be done by the nurses. The writer believes that the work will be done more quickly, intelligently and better, when time is taken to arouse the interest of the nurses by an outline of the whole idea, especially pointing

out where the nurses' work, when completed, will fit into the general scheme undertaken. Many times work is assigned in a mechanical way and carried on without a full understanding of the full aims of the work. Intelligent co-operation and sustained interest in the work is almost impossible under such conditions.

The biggest factor in successful public health work is undoubtedly the nurse. Others may plan, direct, advise, etc., but it is the nurse who "delivers the goods."

REPRINTS OF REPORT ON PUBLIC HEALTH NURSING

Reprints of the Report on Public Health Nursing of the Committee on Municipal Health Department Practice of the American Public Health Association, prepared by C.-E. A. Winslow and Margaret R. Burkhardt, are now available. The report appeared in the October issue of THE PUBLIC HEALTH NURSE; and reprints may be obtained from the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

THE SANATORIUM AND THE PUBLIC HEALTH NURSE*

By CHARLOTTE J. GARRISON

*Sunny Crest Sanatorium
Dubuque, Iowa*

SO MUCH is expected of the Public Health Nurse, so much is written and admonished in lecture and journal, that one feels reluctant to add another straw to the burden. But so much is the county public health program related to the activity of the nurse and the sanatorium, one cannot resist an opportunity to open this discussion. All of us have common problems unsolved and a free discussion may bring a suggested solution.

The old sanatorium! What a picture it brings to mind! The tents of 1908, the shacks of 1912, the beginning of hospital care-around 1914! A place for the patient to die, a solitary caretaker, untrained, a physician's casual visit, the more frequent call of the undertaker! Those long in the service recognize this picture of early community care. Camps, financed by voluntary contribution, proved most inadequate. This effort was not futile, however, for a community conscience was quickened. Observe the modern state and county sanatoria, maintained by taxation, the splendid memorials of pioneer workers. The new sanatorium is a modern hospital building; its specially trained medical director is supplied with every recognized adjunct for the treatment of tuberculosis. The superintendent is alert to all phases of community health. Clinics and a definite educational program are as much a part of the institution as the immediate care of the patient.

The years have likewise seen a change in the duties of the Public Health Nurse. Her scope is as wide as the heavens, and her usefulness unbounded. With interests and re-

sponsibilities multiplied, what becomes her relation to the sanatorium?

First, we would have our Public Health Nurse open-minded, unafraid and informed. She should know something of the symptoms of tuberculosis, of predisposing causes, the relation of contacts, and modern treatment. Too many of our public workers know as little as the layman regarding tuberculosis. Why then is the Public Health Nurse often unable to co-operate with the sanatorium program? One of the commonest causes is lack of interest. The fundamental reason is the lack of applied training in training schools for nurses. Our general hospitals too often emphasize the surgical training at the expense of medical service. Some of the best schools of nursing are giving affiliated courses in selected sanatoria. A forward step is the adoption of recommendations of the National League of Nursing Education, for guidance in teaching the student nurse the medical and economic aspects of tuberculosis. Miss Powell, in her comprehensive paper, "Education in Tuberculosis for Student Nurses," says: "If we can by actual experience teach every nurse who goes out of a general hospital the following things:

- (a) That tuberculosis is preventable.
- (b) That early diagnosis and proper treatment are all important.
- (c) That she can care for these patients as she does for other infectious cases without becoming infected herself.
- (d) That the function of the nurse in this field is first, last, and always to teach.
- (e) That she has a responsibility to the community to help those who are specialists in this field.
- (f) That she must be familiar with the early symptoms and with the main points in the

* Address delivered at Annual Meeting, Iowa Tuberculosis Association, Des Moines, Iowa.

treatment and methods of controlling the spread of the disease.

I do not think we, in general hospitals, should attempt to train nurses as heads of sanatoria, or to become head workers in any form of tuberculosis nursing; this should be post-graduate work. But we should give every student nurse enough knowledge of, and experience with this disease to enable her to care for the individual patient, to give intelligent advice to these patients wherever she meets them, and to co-operate with the agencies caring for such cases.

How may the nurse already in the field familiarize herself with the sanatorium program? She will become acquainted with the superintendent, the medical director and the nurses. She will be always a welcome guest, for she brings a contact between the outside and the restricted interests of the patient at the cure. In some sanatoria there is always a bed ready for the county nurse, who may have time to call but occasionally. As she becomes familiar with the routine the old-time fear of tuberculosis is dispelled. She sees the technique of patient care and resolves to supply her out-patients with paper napkins and bags. Even more important is her understanding of the patient himself, the family back home, her family. Her familiarity with the good food served, the careful nursing and the modern medical measures, will make her an effective champion of the sanatorium. How many rumors, derogatory and otherwise, we hear of sanatorium care on the outside! If the Public Health Nurse knows her sanatorium, she will be able to explain matters to her public. The patient, whom she must convince to enter the sanatorium, will have a better concept of the step he is taking. Once admitted, she will watch the progress with great interest. On her visits from the outside she may bring a message for a patient from this neighbor, or relative or district. The medical director will be more than willing to instruct her in the conduct of the chest clinic or examination. In her district, suspects will be noted with more interest and brought to the attention of the sanatorium clinic.

The importance of the interested nurse in developing clinics is inestimable. An alert, informed worker developed a splendid attendance. Her successor professed to have time for only school work and dental clinics. Naturally enough, the chest clinics dropped to one-fourth attendance. Sanatorium physicians unite in saying that the Public Health Nurse who is disinterested harms more than helps the program.

The informed Public Health Nurse is of great assistance in helping a follow-up contact with the discharged patient. In St. Louis County, Minnesota, Nopeming Sanatorium has worked out an efficient scheme of co-operation. A monthly report on the discharged patient is made by the Public Health Nurse in the section. The information covers the name, address, former address, sanatorium, date of residence, present condition, occupation, number hours work per day, weight, T. P. R., sputum—daily amount and, if positive, special information—by whom reported and with date. The central office is located at the county sanatorium, and is supervised by a nurse employed by the sanatorium, most of the clerical work being done by working patients. All known diagnosed cases are kept on file so long as they remain in the county. In this way the sanatorium becomes the center of the campaign. The other factors are clinics and visiting nurses. According to Dr. Arthur T. Laird, the superintendent, the finest possible co-operation is secured from the nurses scattered throughout this great county. These are employed by various mining companies and include school nurses as well.

One of the factors in securing interest of the Public Health Nurse is the cordiality of the sanatorium staff. There must be appreciation both that school work and child welfare and prenatal work are all part of the campaign against tuberculosis, and that the objects of the sanatorium and the Public Health Nurse, after all, are one.

RECENT DEVELOPMENTS IN HOSPITAL SOCIAL SERVICE*

By N. FLORENCE CUMMINGS, R. N.

Managing Editor, Hospital Social Service
New York

AS IT is impossible to review Hospital Social Service in its entirety in a brief paper, this comment is confined to some recent developments in the work. A summary of the functions of a hospital in a large community will include research and demonstration for both medical and medical social activities in the educational and preventive aspect of each; prenatal, maternity care and child hygiene both with the normal mothers and children and the unmarried; social hygiene and the physical and moral rehabilitation of the latter; general medical and surgical follow-up care; the interesting work of dietotherapy; occupational therapy and rehabilitation of the handicapped; behavior clinics and other phases of mental hygiene. In short, the three phases of preventive, remedial and educational social work all center in a hospital, as the medical institution is the most suitable background for them. Public health nursing as a rule originates in the community, where, by nature of the work, it is clearly defined. Medical social service is located in a complex organization whose real test of efficiency, however, is in its influence upon the health of the community. The opportunities for treating the medical and economic factors of the patients' lives are so many sided, and they have been considered from such specialized view points that it has been difficult to limit and fix the social responsibility of the hospital.

A study has recently been made by a representative committee of social, medical and economic executives which defines the function of the

hospital. This study was endorsed by the American Hospital Association at its last meeting. It finds the primary service of the hospital to be that of a public health agency. The social responsibility of the medical profession in other fields, by the way, has not received equal attention nor is it regarded as of the significance with which it is held in hospital work. The usual public health nurse agencies work in co-operation with social agencies, except in small towns where a general service may be given. In Toronto there is a practical arrangement of the two interests of hospital social work and public health, as there they are conducted under the Municipal Health Service. The plan is based on the theory that the hospital stay is merely an incident in the health history of the patient, whose whole health life should be directed by one agency, and that should be the municipal public health agency, as it is responsible for the health of the community. Miss Dyke, Director of the Public Health Nurses of the Municipal Health Department of Toronto, details a group from her staff for duty in the out-patient department of each hospital in the city except one. It is found that many of the patients are already on the books of the central nursing office. A social case supervisor has charge of the hospital social case work of the group. Excellent co-operation has been created between the Health Department and the social and relief agencies of the city and thorough work with very little duplication has resulted from this interesting plan. A similar one is under way in Halifax, Nova Scotia. At the Vancouver

* Read before Public Health Nursing Session, Bi-ennial Meeting of the National Organization for Public Health Nursing, Seattle, Washington, June, 1922.

General Hospital, as in some of the hospitals in the United States, a staff of public health nurses is allocated for field and follow-up work with the patients. Often in hospital social service departments a chronological account of a day's work will resemble the field work of the public health nurse in a community agency. Relations between the two groups is obviously close, as the patients are transferred from one service to the other.

An interesting factor of the whole field of the hospital and community follow-up care is the changing status of the out-patient work. It is coming to be the introductory or central unit of the hospital, as for instance in the new Columbia University and Presbyterian Hospital Unit where the out-patient department will be the introductory unit with the ward bed service adjoining. This will mean great impetus to preventive medicine and public health and social work. At the annual meeting of the American Medical Association in May, the Council on Medical Education and Hospitals presented figures on the status of the dispensary and clinic field which are made from a recent study. The number of general and special dispensaries is listed at 3243. It is estimated that there are a total of 5000. The number of patients as listed total 3,872,345. It is here again believed that the total number is much larger. The number of listed visits is 11,708,887. Incidental to these facts a survey of the medical social workers is being made.

The report advises that a general increase in social service workers is apparent. There has also been an unprecedented increase in special clinics and dispensaries since the war, such as those for tuberculosis, mental hygiene and child welfare. As yet the use of social workers in group clinics is limited but it is worth noting. A dispensary is not rated Grade A by the New York State Board of Charities unless it has a social service staff. The figures given by the

American Medical Association present the possibilities in preventive and educational work.

Individual and social rehabilitation with all its activities in welfare, such as health classes, behavior clinics, re-education of the handicapped, is constantly promoting better co-ordination of the hospital and community service. Its procedures are of special interest to public health nurses. Perhaps the most telling development has been in the form of health classes. The first class in a hospital out-patient department was organized at the Massachusetts General Hospital by Miss Garnet Pelton, the first social worker there, now Executive Secretary of the Colorado Anti-Tuberculosis Association. These classes include many types of health work. Among them the leading one is for care of the adults and children with cardiac disease; others are cardiac classes for pregnant women; infant feeding; nutrition supervision for boys and girls and adults; diabetic classes, goitre, poliomyelitis and cripples; others of a more definitely educational nature are for deaf children under school age, for defective speech, etc.

Cardiac disease is recognized at present to be of equal significance to tuberculosis, typhoid or pneumonia. In the past two years, in the registration area, organic heart disease has caused more deaths than tuberculosis. At the annual meeting of the American Medical Association this year a committee was formed to unite the local associations for prevention and relief of heart disease in a national association. Social service and preventive education for the cardiac undertakes instruction of the patient and his family, attention to teeth and tonsils as a most effective preventive measure, arrangement of hygienic living with suitable work and play, diet, exercise for physical and heart muscle development. The greatest number of cases occur in early spring when the vitality is lowest. Syphilis is directly and indirectly a factor in cardiac disease.

The matter of suitable adjustment in occupation of the cardiac has received special impetus through the medical social workers. The whole field is one which needs the special attention of public health nurses.

In England there is an interpretation of hospital social work which differs widely from that in this country, as it serves chiefly as an economic agent in behalf of the hospital. Miss Cummins, Chief Lady Almoner at St. Thomas' Hospital, London, has a staff of workers stationed throughout the institution at strategic points, who refer the needs of patients to the city welfare agencies, and who investigate the economic state of the patient. Miss Cummins believes the entire service of medical social care would entail too much from the already overburdened hospital.

During the war, Dr. Richard Cabot revived the interest in this work in France and it has been since adopted by fourteen hospitals in Paris. Through the growth there impetus has been given to a unit in Geneva. Hospitals in Belgium and also in the Orient are forming departments. Dr. Louise Morrow, formerly the Director of Social Service and of Nursing Education at the University of California Hospital is giving a year of her time in China to acquiring the language. She gives instruction in medical social work to the students in Chinese universities and they are taking steps towards establishing medical social work.

There are certain outstanding characteristics in this field. The quality of the present spirit of growth is dynamic because of the recent studies made in nursing education, education of the hospital social worker and the hospital function and training of executives. Quite recently, one medical man has believed we should medicinize the social movement, another that hospital social service has a decided contribution to make to the education of the highly specialized medical man. Both are in a measure right if we desire to

include all elements of service. Only to the extent that we adapt the values in each in a well balanced program and in mutual understanding can there be stability and efficiency. Herein the Philadelphia Intake Committee gives a good demonstration of co-ordination of several services which have a common interest.

A committee on the Education and Training of the Hospital Social Worker has been active for over a year and its report provides training in hospital social work for nurses, social workers and teachers, as each is believed to be in a measure qualified for the work. At present it does not seem that public health nurses are as much interested in the social values in their field as the social workers are in public health aspects of social work. When the nurses understand how closely the hospital social service is allied to their function they will doubtless be interested to acquire the additional social preparation and will then effect co-ordination in measures of community welfare which now need several specialized workers. The Committee Report finds the function of the work to be that outlined in the Survey of Hospital Social Service as made by the American Hospital Association in 1920:

"The restoration and maintenance of health depend in many instances not only on accurate diagnosis and direct medical treatment of pathological conditions of the body, but also upon dealing with the patient's personality, and upon the alteration or adjustment of his home conditions, occupations, habits, and community relations. * * * It may be said that it is a primary duty of social service in a hospital or dispensary to assist in the cure and prevention of disease in individual cases by such activities as: (1). Discovering and reporting to the physician facts regarding the patient's personality or environment which relate to his physical condition; (2) Overcoming obstacles to successful treatment, such as may exist or arise in his home or his work; (3) Assisting the physicians by arranging for supplementary care when required; (4) Educating the patient in regard to his physical condition in order that he may co-operate to the best advantage with the doctor's program for the cure of the illness or the promotion of health."

The Committee recommends cer-

tain basic outlines of the course which may be modified or extended through credit allowance for past work of a student as the need arises. Emphasis is placed in the curriculum upon the necessity for thorough field practice in addition to the theoretical work. The topics for subject matter of the class room material are as follows: Functioning of the human body; selected problems of disease; public health administration; medical institutions and organization; human behavior; community organization; industry; government; human adjustments; statistics and research. It is at once apparent to a public health nurse that the subjects listed are almost identical with the average public health nursing course with the addition of the study of medical institutions, and the increased emphasis upon training in social case work. The qualifications for students are high. College work, either full term or at least two years, is found to be essential for students in hospital social service. Broad general culture, mental alertness and flexibility, and a command of English are of importance.

One of the most trenchant comments I heard during a pilgrimage which began at the annual meeting of the American Medical Association in May and reached the nurses' meetings in Seattle late in June, was made by Miss Feary, Executive Secretary of the Tacoma Federation of Social Agencies. Tacoma has about 100,000 people and seventy-five welfare agencies. Except for its local color in industry and physical charac-

teristics it is similar to New York which has about 6,000,000 people and 4000 agencies. Needless to say, there is crossing of routes and duplication in each city.

Upon summarizing her reactions to a well rounded experience in social work in Chicago, Oregon and Tacoma, Miss Feary believes the most telling welfare service will be made by the workers who have both competent social and public health education.

In analyzing social work in the twentieth century, Devine and Brandt speak as follows:

"Among the multiple movements in welfare work, such as treatment of defectives and delinquents, release of children from labor, improved housing, the greatest single growth is found to be in the public health field. This measure is fundamental in all social work. The level of knowledge of preventive disease and public health has risen perceptibly. Ill health as a cause of individual inefficiency, poverty and crime; good health as the foundation of individual welfare and happiness; preventable disease as one of the greatest and least excusable of social evils, physical efficiency as a national ideal—these, with their limitless possibilities of application, elaboration and sub-division, have created a large proportion of our current social work and materially modified most of the rest."*

If this is true of the broad field of social work, as it certainly is, it is doubly true of medical social work. According to the conclusion of Devine and Brandt, in summing up the elements of health and welfare—and it is similar to that of many other leaders in social work—there will come a time when the two interests are more co-ordinated and when more complete unity of effort will be realized.

A VISION

A clock-maker of Flanders was mystified by the inscription carved on an altar in the Monastery of the Good Gray Monks. The inscription read: "Where there is no vision, the people perish." He asked, "What is a vision?" "A vision," replied the Abbot, "is something good and lofty and desirable which the soul may see, and, having not, may reach forth to obtain. Without a vision the body may live, but the soul is starved."

"And what may I do to get a vision?" asked the clock-maker.

"Seek for it at thine own bench, at thy daily work, and let thy vision find thee working. Then shalt thou be ready to receive it."

* Devine, E. T., and Brandt, L., *American Social Work in the Twentieth Century*. Frontier Press, New York, 1921. (53).

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

INTERSTAFF LUNCHEON

THE second of the Annual "inter-staff" gatherings of the constituent members of The National Health Council took the form of a luncheon on October 31st. It was a very pleasant occasion, with an attendance of the members of all the staffs on the National Health Organizations large enough to show an excellent spirit of comradeship.

Speeches under the guiding hand of Dr. William F. Snow contributed to the general amity. Dr. Frankwood Williams spoke entertainingly on the advantages of "middle age." One member present, in a flash of memory, beheld the late Sir William Osler holding a clinic, with a number of eager young medical students gathered about him. Turning to one of them he said engagingly, "And what, Mr.—, is the period you think is covered by this term, middle age?" The very young man stammered: "I think, sir, — er, — between thirty and thirty-five." After all, it is in the eye of the beholder.

Dr. Williams expressed the regret of all the organization members in losing Dr. Hatfield as head of the National Tuberculosis Association. Dr. Snow, calling attention to the fact that the directors of the National Organization for Public Health Nursing were in executive session and that a number, both lay and professional, were present at the luncheon, called on Miss Fox to welcome Dr. Linsly R. Williams as successor to Dr. Hatfield.

Dr. Williams, who has just returned from five years service in Europe, gave in return an illuminating picture of European conditions as he knows them.

STATE BRANCHES

The 1922 revisions of the by-laws of the National Organization for Public Health Nursing provide for State Branches.

Following the recent convention in Seattle a Standing Committee was appointed on Branch Development and Revisions. The duties of this committee are two fold:

1. To assist in carrying out the new provisions of the by-laws covering State Branches.

2. To be a Standing Committee on Revisions of By-Laws of the National Organization for Public Health Nursing.

The first work of this new committee has been to prepare a suggested constitution and by-laws for the guidance of those states desiring to become Branches of the National Organization for Public Health Nursing. There has also been prepared an explanatory statement written with a view to further assisting the state organizations in adapting the suggested constitution and by-laws to their needs.

The explanatory statement and the suggested constitution and by-laws are now ready for distribution and will be sent to those state organizations wishing to consider the branch affiliation with the National Organization for Public Health Nursing. At the present time seven states have requested the branch affiliation and seven other states have made inquiry concerning procedure.

The requests for affiliation will be handled as expeditiously as possible.

The National Organization for Public Health Nursing offers after January 1st the services of its Field Secretary to states desiring this personal contact in effecting their branch affiliation.

Miss Hodgman, Educational Secretary of the National Organization for Public Health Nursing, started out on an extensive field trip from the New York office on October 12th and includes in her itinerary visits to the School of Social Work and Public Health of Richmond, Va.; University of Pittsburgh; University of Cincinnati; George Peabody College for Teachers, Nashville; University of Louisville; University of Iowa; University of Minnesota; University of Michigan; Toronto and Ottawa, Canada.

Miss Stella Fuller writes to the Organization office from Seward, Alaska. For true adventure we say "go there." We cannot give Miss Fuller's exciting adventures in detail, or the Red Cross Department will be annoyed with us, so we can only say that whaling stations, salteries and caring for patients on rebuilt fishing boats with water coming over the hatches, sounds very different from her life as spent in the National Organization for Public Health Nursing office eighteen months ago. But *not* more strenuous. Our good wishes to the first Delano Nurse.

PUBLIC HEALTH NURSING IN OTHER LANDS



Interior Court of a Wealthy Chinese Farm Home

Because of the enthusiasm and interest that has been shown in the *United States Album of Public Health Nursing*, prepared by the National Organization for Public Health Nursing for the Seattle Convention, it has been thought advisable to build another album featuring public health nursing in foreign lands.

The membership of the National Organization for Public Health Nursing who are now serving abroad were addressed on August 18th and already we have had cordial responses from

China and Czecho-Slovakia. Miss E. Otelia Hendrickson, now at Kingmen, Hupeh, China, sent us the picture above and she says, by way of explanation, "The pigs, chickens and family all live together in peace."

We are indebted to Miss R. C. Torrance of Prague for the picture from Czecho-Slovakia. It is evident from her interpretation of the placards that these foreign children are making a plea similar to our own babies: "Give us sensible parents," "Away with medicine not prescribed



A Part of the Children's Parade, featured by the Child Health Station in Zizkov, Czecho-Slovakia

by doctor," "Give us vegetables and fruit," they say.

It is hoped that any nurse doing public health work outside of the United States will find it possible to contribute to this new album, "Public Health Nursing in Other Lands."

At the Brooklyn Public Health Exhibition held in the 23rd Regiment Armory from October 7th to 14th, educational booths were conducted by several member organizations of the National Health Council. Among them were the Child Health Organization of America, the American Social Hygiene Association, the National Health Library, and the National Organization for Public Health Nursing.

The public was much interested in the slide lecture showing the various phases of public health nursing throughout our country, and were also enthusiastic about the Henry Street doll and the Brooklyn Visiting Nurse doll, both of which had already made their debut at the Seattle Convention.

Many nurses in training from the hospitals in Brooklyn and New York were interested by the secretary in charge in the possibility of following public health nursing.

The Field Secretary returned to Headquarters New York City, early in October, from a five months trip in the field. The route extended through 19 states and 53 towns west of the Mississippi, covering a distance of 12,000 miles.

This particular part of the country is characterized by great distances, many sparsely settled districts, and considerable pioneer public health work.

The personal contact with nurses, schools for nurses and social organizations gives to the N. O. P. H. N. added real, fascinating and necessary knowledge of the field.

Early in 1923 other fields will be visited. The route will greatly depend upon requests for field assistance that come to the New York Office.

LIBRARY DEPARTMENT—BOOK NOTES

Edited by A. M. CARR

PERSONAL HYGIENE APPLIED

By Jesse Feiring Williams, A. B., M. D.

W. B. Saunders Co., Philadelphia. Price \$2.50

This book is well named. It is an exceedingly practical volume dealing with the personal applications of hygiene. Also it is the kind of ready reference book which should be kept within ready reach, displacing from its honored niche the familiar "family doctor book" which a generation ago was to be found in every well-regulated household reposing on a shelf, just out of the reach of the children. The substitution would be a good one for, while the old volume purported to tell in sure fire language just what to do in case of illness, Dr. Williams' book tells more or less specifically just what to do to keep well.

The first five chapters of the book constitute a real contribution to the science (or is it an art?) of hygiene. These chapters discuss with clearness and compelling interest what the great problem of health means to the individual and to society. They represent a crystallization of the many vague generalities, opinions and tendencies which have been bandied about so freely in recent times by those who are interested in the teaching of hygiene. In the very beginning, the author by his definition of health sounds the note which dominates the entire book. "Health may be defined," he says, "as the quality of life that renders the individual fit to live most and to serve best." This concept of health elaborated more fully from its scientific aspects, is the peg on which practically all that follows is tied. The reader is inspired to wish for health and he is given a sure, sensible foundation upon which to build his structure of right living.

The remaining nine chapters discuss in detail such facts and well-founded beliefs as are calculated to guide the individual in establishing and maintaining health. The classification of the subject matter, while

not particularly original, is practical and logical. The biological facts bearing on human structure and function serve excellently to establish or reinforce the author's conclusions. With special vigor does he attack many of the popular health fallacies of the day. And no pains are spared in spiking the guns of the patent medicine vendor, and in demolishing the absurdities of his claims.

Perhaps one of the shortcomings of the book is that it takes too much for granted as to the reader's understanding of scientific fundamentals. Many of the best points are based on the assumption that the reader has been thoroughly grounded in bacteriology, physiology and pathology. Medical facts should be presented to the layman in exceedingly simple and palatable form. Therefore, while a nurse with her previous schooling and practical experience will profit much by careful study of the book, she will hesitate to recommend it to laymen who are in need of concrete health knowledge. For the general public, there are probably more simply-written works.

The illustrations are not up to standard. Many of them consist of reduced facsimiles of patent medicine advertisements and others of placards on nostrums and quackery published by the American Medical Association. The result is that often the significant phrase is printed in such small type that the lesson is entirely lost. There are also a number of statistical tables whose wealth of detail is hardly suited for this type of book, and graphs on mortality rates and infectious diseases which are confusing to the eye.

On the whole, there is promise that the author's lofty purpose, as expressed in the preface, will be achieved in marked degree: "The aim of this book is to improve the quality of human life."

H. E. K.

IT IS TO LAUGH

A Book of "Games and Stunts"

By Edna Geister

The Woman's Press, New York. Price \$1.25

A collection of Group Games (for large or small groups), Races, Trick Games, Picnics and Picnic Games and Dinner Table Amusements. No "party" should be dull if the principles of leadership, as well as the games suggested by Miss Geister, are followed.

THE HEALTH BUILDER

Spirit of Health and Happiness

is our newest contribution to current health literature. It is to be a monthly magazine published by Doubleday Page Company, Garden City, N. Y., subscription price \$3.00. Teachers of home nursing will be interested in one of its articles, *Your Family Medicine Chest*, by Clara Noyes, with a fascinating picture of a model chest "reduced to essentials only." *Footing your Foot Bills* and a *Course in Reducing for Women* would appeal to those giving health talks. If succeeding numbers of this magazine deal as interestingly with popular features of the health movement as this first issue, we shall expect to find it on every library table, private and public.

PRENATAL CARE IN CHICAGO

A Survey by the Chicago Community Trust, 1340 10 South La Salle Street, Chicago, Ill. Gives general statement of existence of maternal and early infant mortality; states results of some of the attempts to reduce the same; states a community program for maternity care. It also gives in detail the facilities for care offered in Chicago and states conclusions and recommendations for improving these to render more adequate service. A most valuable pamphlet for all interested in Prenatal Care.

COUNTY ORGANIZATION FOR CHILD CARE AND PROTECTION

Bureau Publication No. 107

U. S. Children's Bureau, Washington, D. C.

The most important recent ad-

ministration advances in the local care of dependent, defective, and delinquent children are presented in this important pamphlet, which gives in separate chapters the organization and development of this type of work in Minnesota, North Carolina, California, New Jersey and New York, with plans for the future. Miss E. O. Lundberg of the Bureau gives an introductory chapter on the Development of County Social Work. An appendix provides Laws and Bills relating to County Boards of Child Welfare or Public Welfare.

The Junior Red Cross films have been released through the Society for Visual Education, 327 South LaSalle Street, Chicago, Ill. These films, aside from their graphic presentation of what has been accomplished for children abroad through the National Children's Fund, have a remarkable educational value and are to be accompanied by outlines for talks on the history, life customs, etc., of the cities and countries shown on the screen.

SCORE CARD FOR PARENTS

To Show the Condition of Children at Different Ages

is a very practical and carefully worked out pamphlet prepared by Dr. Caroline Hedger. Dr. Hedger says in her foreword: "It is hoped that this card may serve to interest the parents in the condition of their children at various ages, and to stimulate action on the part of the parents to correct, so far as possible, the defects and habits that threaten the well-being of the child." Tables of Heights and Weights of children are included. Published by the Elizabeth McCormick Memorial Fund, 848 N. Dearborn Street, Chicago. Price 25 cents.

PUBLIC HEALTH NURSING IN OREGON

The Oregon Tuberculosis Association and the Bureau of Public Health Nursing and Child Hygiene of the State Board of Health, have compiled

an attractive and interesting illustrated pamphlet, "Public Health Nursing in Oregon," which gives a sketch of the services as carried out in Oregon.

THE PHYSICIAN IN INDUSTRY A Symposium

Has for its object the bringing together of present day information regarding medical work in industry, so that the layman and especially the industrial manager may be informed of this feature of industrial activity. Seventeen members of the Conference Board of Physicians in Industry have contributed to this Symposium, discussing such questions as medical examinations, the definition of the physician in industry and his relation to community problems, the relation of the physician to workmen's compensation laws, and their application and rehabilitation of the industrially handicapped. (Special Report No. 22, National Industrial Conference Board, New York City, \$1.00.).

HOW PARENTS AND CHILDREN CAN IMPROVE THEMSELVES

The Views of a Child of Fourteen
(From the *Manchester Guardian*)

What goes on in the minds of our "younger generation"—as we teach them the facts of food and life which they in turn must carry home and dictate to mothers and fathers, who dare not but to obey? From Daisy Ashford to Opal Whitely was but a step of the imagination, but now we discover another "juvenile personality" who takes a stern view of life and deals firmly with both parents and children. We quote the words of wisdom as they fall from the pen of one Catherine W. Alexander, aged fourteen:

"People who are most likely to know how to bring up children are girls of about thirteen to fifteen. They are just old enough to see reason and to understand why it is good to sometimes make children do what they do not wish to, and are yet young enough to know what it is to be a child and to know which things a child likes and understands and which things it doesn't. A child has its fancies, like grown people, and a great many

of a child's fancies have reason behind them, and are not merely wishes that they wish for themselves. . . . Those reasons are why I, a child aged fourteen, have decided to help parents with growing children to bring them up."

From WRONG IDEAS OF PARENTS she goes on to ON EATING AND READING, COUNSELLING RESTRAINT IN PARENTS, followed by advice to the COMPETENT CHILD, to whom she addresses this parting injunction:

"Of course you must not be *too* good or you will be a prig, which is a very distasteful thing to be. Don't forget to often wash your hands and have a good appetite and you will be the picture of cleanliness and health."

Many other counsellings are given for which there is not space to quote, but we must add that the authenticity of this delightful series of suggestions is vouched for by the Editor of the *Manchester Guardian*.

CODE OF LIGHTING

Factories, Mills, and other Work Places

Prepared and issued by the Illuminating Engineering Society, 29 West 39th Street, New York City, will be interesting to industrial nurses.

It contains exactly the sort of information in clear, concise form that will be found quite valuable.

A NEW PLAN

"What is new in the Library?" asked one of our regular visitors who had been away for a long vacation. The librarian showed her several new books and a handful of pamphlets. "Just what I want for my second grade children! Just what my assistant needs for her examinations! And this, I should have been reading all summer! Wouldn't it be fine if there were only some way of our knowing about the new things as fast as they are published? and of what you recommend?"

The librarian thought hard for a moment—of all the book lists that were distributed each month and of the Library Department in THE PUBLIC HEALTH NURSE, with its book reviews, notes on new pamphlets and other news about recent publications. Perhaps it wasn't enough—

what else could be done? What would call the attention of nurses, without fail, to the few outstanding books each month?

By way of experiment—a plan has been made. Each month a little dodger or enclosure will be multi-graphed by the National Health Library and enclosed in correspondence to nurses in the field. Only one or two titles will be listed. Sometimes they will be books, sometimes pamphlets or magazine articles, but always selected with great care as outstanding publications of the month, and worth consideration for purchase. For November the two titles recommended were for health talk material:

Personal Hygiene Applied: Dr. Jesse Williams.
Positive Health Series: Women's Foundation for Health.

POSITIVE HEALTH SERIES

Women's Foundation for Health, New York.
Price \$1.00

Of all recent publications nothing has held forth quite the promise to health teachers and "talkers" that this series of booklets offers. Mention of them was made in this department last month, but we take occasion to call attention to them once more, so useful have they seemed to the doctors and nurses visiting the National Health Library. As the six sections have been published separately, it is possible to buy Dr. White's and Dr. Taft's chapter on Mental Health, or Dr. McCollum's Nutrition in Relation to Health and Efficiency without them all, but a glance at the other sections, such as the first one, "Individual Exercises," with its animated "toothpick" illustrations, convinces one that to get health talks "over" without the *whole* set would be difficult. (Descriptive leaflets and price lists may be had from 43 East 22nd Street, New York City.)

EVERY CHILD'S BOOK

by Mrs. Frederick Peterson, 2nd, illustrated by Jessie Gillespie is a late publication of the Child Health Organization. Price 15 cents.

The combination of pictures and

rhymes produces delightful results. "E" is for Eating, but also for Eight, if you go to bed early you'll never be late," is good advice for any age, is it not?

MILK AND OUR SCHOOL CHILDREN

By Bernice C. Reaney, prepared by the Child Health Organization and illustrated with home-made posters by children in Grade 3 has been published by U. S. Bureau of Education, Washington, D. C. The "Facts about Milk" are given with a useful bibliography, and Part 3 outlines a series of 12 lessons given in the third grade of a Demonstration School. Nurses will be interested in this excellent and unusual pamphlet, which forms No. 12 of the now well known Health Education Series. Price 5 cents.

OUR KNOWLEDGE OF THE VITAMINS

is presented in the November number of the *American Journal of Public Health*. This paper, which gives the present status of our knowledge of the Vitamins and its application to the dietary, was prepared by the Committee on Nutritional Problems of the "A. P. H. A." The report presents with admirable clarity and brevity this present knowledge. We quote two suggestive paragraphs:

"We consider it highly important to know as much as possible about the occurrence of vitamins in foods, to take account of them in considerations of food values and the problems of food supply, and to see that individual and family dietaries provide the vitamins in quantities distinctly more liberal than the minimum allowances which would suffice for the prevention of deficiency diseases. Tables summarizing the occurrence of vitamins in foods are now readily available. (See, for example: *Laboratory Handbook for Dietetics* revised edition, by M. S. Rose; *The Vitamin Manual*, by W. H. Eddy; the American Chemical Society monograph on *The Vitamins*, by H. C. Sherman and S. L. Smith; the Vitamin Posters prepared by the American Medical Association, 535 North Dearborn Street, Chicago, Ill.)

Again speaking of Vitamins, *The Commonwealth* for May-June, published by the Massachusetts Department of Public Health contains a delightful article on *The Vitamins*:

The Facts and the "Bunk" which takes up the "Bunk" and shatters the pretensions of the proprietary medicine man in a most entertaining manner. We know our readers will appreciate this quotation: "The popular application of the vitamins is to eat three square meals a day and do not worry."

This was well expressed by Dr. H. W. Wiley at the last meeting of the Association of Official Agricultural Chemists, as follows:

Milk and greens have Vitamines
Enough for little Sid,
So he, at least, will need no yeast—
A real self-raising Kid."

The Child Health Organization, 370 Seventh Avenue, New York, N. Y., publishes in December *The Wisdom of Professor Happy*: 64 epigrams, 32 illustrations. Little Leather Edition, 10 cents.

SOCIAL WELFARE WORK IN JAPAN

Of recent years there has grown up quite a large crop of welfare organizations in Japan. The Department of Home Affairs reports that whereas in 1914 there were only 625 social welfare organizations, spending annually a sum of £264,463, in 1920 these had increased to 974, and their annual expenditure to £581,233. These, of course, are all voluntary institutions. The Central Government itself is also increasingly interesting itself in national health and social welfare. The Home Office is endeavoring to standardize the statistical work undertaken by the prefectural governments, and the public is already clamoring for a grouping under one central Health Ministry of all the various State activities concerned in ameliorating the social welfare and improving the general health of the community.

The Department of Education has decided to extend its school health section and to set it up as a separate department.

This general health activity, visible throughout the country, has also prompted the Home Office to create a Department of Preventive Medicine, which will take over work in connection with the prevention and cure of chronic infectious diseases, local diseases, and mental disorders. The new section is now carrying out investigations into these matters under the direction of the three principal public health officers of the Ministry. Among other efforts they are endeavoring to find out how much education on the subject of tuberculosis the children in the public schools have acquired. They are therefore testing boys and girls in selected classes of prefectural schools with the following questionnaire: (1) What kind of disease is tuberculosis? (2) How are people infected with this disease? (3) What treatment is necessary for those who have contracted it? (4) What measures ought to be adopted for its prevention? Strict injunctions are given that the children are to have no prompting in answering the test.

Health—(London)

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE RED CROSS CONVENTION

MRS. AUGUST BELMONT'S closing words, "Get ready, we are going to use our Red Cross to the limit, we are going to take our Charter as our right, we are going to seize our opportunity and make the world a better place to live in," sounded the keynote of enthusiasm and devotion to service which pervaded the Red Cross Convention held in Washington, October 9 to 11.

Five hundred chapter delegates from every section of the country and from South America, Porto Rico, Dominican Republic, Hawaii, the Phillipines and China, together with an equal number of guests, had gathered together to discuss the program and chapter problems of the American Red Cross.

A dramatic touch was given to the opening sessions by the announcement by Chairman John Barton Payne that the Red Cross would respond to the limit of its means and strength to the call for aid for the refugees in the Near East left homeless and destitute by the burning and evacuation of Smyrna. He said, "The job will be done if it takes all the money we have and if it takes more, we will get it."

The immediate and electrifying response from the delegates was a hearty commendation of the action of the Central Committee which was embodied in the following resolution:

"Resolved, that the Delegates here assembled, voicing what they believe to be the sentiment and the spirit of the entire membership of the American Red Cross, pledge anew the support of that membership in the plans for action authorized by the Central Committee; that they further pledge the utmost energy and the continued strength of the membership for the carrying out of such program as may be formulated and the supply of such further resources as may be necessary; and that they pledge the service of Red Cross Chapters for the production of all needed refugee garments, to the end that suffering shall be relieved and that the unspeakable horrors which have aroused the

sympathies of the American people may be mitigated."

The sentiment of the great body of chapter delegates was further voiced by Mrs. Belmont in these words:

"I know you feel as I do the thrill of our Chairman's stirring message of what we are going to do. How we are going to do it, we do not know; but the fact that we are going to do it, and that we know we are going to do it well, is very thrilling. I have a feeling of buckling on my armor and I hope you will all go to your Chapters with that same feeling and will help them to buckle on their armor."

"We have no idea how big the proposition in Europe will be, but we know it will be a big proposition and you will have to tell the women that they must all stand by the Red Cross, and we must keep up the work as in the past."

"To the women in particular I want to say, Go back to your women workers and say, 'Get out your needles, your knitting. We need production to the limit.' Tell them we will want layettes and layettes again. Tell them we will want clothing for women and children. Tell them we will want underwear—with or without ruffles!"

"Don't forget, though, while we carry out this program for Europe, to keep the home fires burning. We have a very real problem here in America."

The words of Judge Payne on behalf of the central Committee and Mrs. Belmont as delegate from our largest city chapter were not idle. Within the week of the convention and for the most part within a few hours, a cargo of supplies was on the ocean bound for Athens, thousands of tons of food and clothing contracted for to be dispatched later; the vice chairman in charge of foreign operations had started for Greece to take charge of the work in the field; American Red Cross nurses serving in cities throughout Europe had been ordered by cable to proceed at once to Greece for emergency duty, orders had been dispatched by cable to Red Cross representatives to spend \$150,000 for supplies to be rushed to the scene of operations among the refugees and special provision made by cable advices to care for the

children among the sufferers. Over here a nursing reserve unit was organized for dispatch to Greece whenever definite information should be received as to the number of nurses that would be required, and chapters throughout the country were urged to speed garment production, and every branch of the service concerned with disaster preparedness was in hand for meeting the emergency.

Perhaps the most thrilling account heard in the convention was that given by chapter delegates and division managers in regard to the seventy-two disasters in which the Red Cross has participated this year, particularly the Argonaut Mine disaster, the Louisiana flood and the Tulsa, Oklahoma, race riot. Each had found the Red Cross prepared and ready to begin relief operations at a moment's notice, and to carry through to the end.

The foreign operations of the Red Cross relating to child welfare and nursing which have been of the widest extent were shown by Dr. Hill, Vice-Chairman in charge of foreign operations, to be drawing to a close, but their influence remains and various countries have been helped by the American Red Cross pioneering in these fields to take over and carry forward the work themselves. Particularly is this true of the schools of nursing established in several European countries by the American Red Cross Nursing Service.

No less enthusiasm was displayed throughout the meetings as questions of general policy and as the various services were discussed. There was some divergence of opinion among Red Cross members as to the greatest sphere of usefulness of the Red Cross, some holding that a program of local activities would interfere with the preparedness of the Red Cross for war and disaster emergencies. The large majority, however, felt as did Dr. Farrand, former Chairman of the Red Cross and now President of Cornell University, when he said, "As to whether Chapters should be active in times of peace or only be

small organizations expanded to serve in time of war or of great disaster, there could be no dispute as to the necessity of maintaining organization at the highest point of potential efficiency against the time of sudden calamity or war. But," he added, "the essence of vitality is not quiescence. The very condition of vitality is activity. We compare an emergency organization with a fire department, but if the fire engines rust it is not an efficient department. A sentinel must not be petrified or asleep.

" * * * We should realize, however, that activity is not incompatible with readiness for disaster service or for war, but on the contrary is indeed a prerequisite of efficiency. The sooner we get this point of view the quicker we shall get clear results."

In regard to the often discussed question of the value of volunteer versus trained service Dr. Farrand made it clear that the work of the volunteer gave vitality to the organization. "But," he said, "if we say that alone is permissible we fall into a great error. There is nothing more dangerous in the land than the volunteer unchecked and unguided by expert advice. The world has suffered much from this. But why discuss the subject when both are indispensable."

The Care of the Ex-Service Man

The special problem nearest the hearts of the majority of chapter delegates and first in importance in the Red Cross program, namely, Red Cross service to disabled veterans of the World War and their families, was discussed and its continuance heartily pledged until there should be no further need of Red Cross assistance. Members of the Veterans Bureau were present and aided in the discussions, in the mutual understanding of the two organizations and in strengthening their co-operation. The inter-dependence of the two organizations was brought out by Dr. Scott, Assistant Director of the Veterans Bureau who asserted

that the Veterans Bureau could not have put over its work without the aid of the Red Cross. In line with this, it was shown how closely related was the Red Cross work in the government hospitals, particularly its medical social service, to good work done in the chapters and how each was dependent upon the other.

How keenly the Red Cross feels its responsibility toward the ex-service men and how desirous of correlating its chapter and professional service to the end that the best results may be obtained for the ex-soldier was shown in these words of one of the speakers: "If a single part of Red Cross service, no matter how small, falls down in helping men in hospitals, then the whole Red Cross organization fails to aid."

Desire for closer co-operation with the Veterans Bureau took form in the following resolution:

"That the proper authorities of the American Red Cross be requested to consult with the Veterans' Bureau and insist on closer co-operation. Also, to take up for settlement specific complaints in order that those claims and others in the future be expeditiously handled. Also, that all Red Cross Chapters having failed to secure results in this regard satisfactory to them, be requested to take up their claims with their respective Division Managers who, in turn, will take up such complaints with National Headquarters through the Chairman of the Central Committee."

Public Health Nursing

No particular mention of the public health nursing session is being made here as it is expected that a full report of it will appear in the Red Cross section of next month's issue of this magazine. It should be said, however, that both the papers and the discussions revealed how keenly and actively interested the chapter people are in the development of their services and how intelligently and devotedly they are bringing them to public notice and participation so that the Red Cross effort may result in permanency and public support and control.

Home Hygiene and Care of the Sick

Following the public health nursing

session, after generously yielding a portion of their short time for the completion of the last public health nursing paper, came the session on Home Hygiene and Care of the Sick. Miss Noyes reviewed its wonderful achievement of 300,000 certificates granted since 1914 to lay people for the successful completion of this course which has been of such service in preparing people for the care of the simpler forms of illness in the home and in instructing them in personal hygiene. As Mrs. Blynd, of the Jefferson County Chapter, Alabama, said, "The effect of this course has been far reaching; no one can estimate its results."

The ghost of a fear that this course might be misused by a few who might seek to pose as certificated Red Cross nurses was permanently exorcised by Mrs. Baker, national director of the service, and others who testified that this had happened so seldom in the history of the course that it could not be worth considering in the light of the great benefit that had been derived from the proper use of the course.

The progress which has been made in the more adequate preparation for the nurse instructors giving the course in order that they may be successful teachers and demonstrators was outlined and plans for future improvement discussed.

Nutrition

In the session of the Nutrition Service the need for a preventive and educational program was stressed. It was felt that chapters had often undertaken a nutrition program with too little planning, sometimes because they had found a milk fund available; that committees should be educated in, and convinced of the value of, and possibilities in a well rounded nutrition service and of its important place in a health program. This would necessarily entail much preliminary work which might well be done by the public health nurse paving the way for the nutrition specialist. Accounts were given of

successful county and city nutrition programs and emphasis placed upon co-operation with other services and agencies as essential to good results.

The following letter was read from Miss Goodrich, who was unable to be present, on the importance of close co-operation between visiting nurses and nutrition workers:

"I regret that I cannot be present in person to urge the need of the rapid development of the nutrition program in conjunction with the visiting nurse organizations.

"No careful observer of the homes to which the visiting nurse is called could fail to realize that not only is the remedy of the immediate sickness situation dependent in no small measure upon a properly selected and prepared diet but that the larger problem of the family health is tied up in the question of nutrition as expressed in properly selected and prepared foods and the not less important item of a wisely applied budget. The body of scientific knowledge concerning this problem of nutrition, with all its ramifications, is available through the rapidly increasing number of highly qualified nutrition workers. No health program today, therefore, can be complete which does not provide that the public health nurse can relate the nutrition specialist to the family.

"It is true that the education of the family can be carried on to a certain extent in the health center or station, but further than that, nutrition workers should be available for expert instruction and advice in special cases of sickness or in homes where the situation does not permit that the mother shall come to the center, or where she would not profit by group instruction.

"The experiments in Morris Avenue, where the Red Cross carried our nursing service in conjunction with the nutrition work through Miss Edwards and an assistant, confirmed our opinion that the visiting nurse's work is immeasurably forwarded by the provision of a nutrition worker for a given unit of population.

"The number of nutrition workers needed at present is probably less than the number of visiting nurses. I shall not venture to say what the proportion should be, as that is for the nutrition workers themselves to determine, but their place is so definitely established that it is my belief that even the foreigners who are in our midst will soon call and pay for such service as they now do for the service of the nurse."

(Signed) ANNIE W. GOODRICH."

A pleasant feature of the convention was the nursing luncheon at which seventy Red Cross nurses were present. Some of them came to the convention as chapter delegates and some drawn by the combined lure

of the Red Cross and the American Child Hygiene Conventions. Among the visitors and guests were Miss Helen Scott Hay, formerly Red Cross chief nurse for Europe, Miss Anna Maxwell, and Miss Katherine Olmstead, Director of Nursing for the League of Red Cross Societies, the chief nurses of the Army, Navy and United States Public Health Service, and many others.

First Aid

An entertaining as well as instructive demonstration of the methods of first aid and of life saving as taught in the two Red Cross courses was given by Commodore Longfellow, national field representative of the Life Saving Corps, assisted by teams from the municipal police and fire departments and the Chesapeake and Potomac Company. Boy and Girl Scouts gave a good exhibition of how to handle accident victims.

Junior Red Cross

Interest in the Junior Red Cross could not be confined to its own session. In the general convention meeting, Dr. Farrand paid this tribute to our Junior Red Cross:

"To me there is something wonderful in this Red Cross ideal, something far beyond any other activity. There is nothing in human history to compare with the ideal of unselfish service as demonstrated under the banner of the Red Cross. We are groping our way in the democracy of today and if there is one thing more than all else indispensable to democracy it is the readiness of its citizens generally to give service, not only emotional service but informed service. It is the ignorance of our own and other peoples about this that is most hindering reconstruction today.

"The Junior Red Cross idea is showing a remarkable vitality and it is one of the most inspiring things in Red Cross, seeking as it does in a wide way to implant in the minds of the boys and girls of the land that the highest patriotism is in rendering service to someone less fortunate."

"I believe with all my heart and soul in the Junior Red Cross" declared Mrs. August Belmont in her stirring address which brought the convention to a close.

The first Junior conference was the Pan-American held in the Columbus

room of the Pan-American Union Building presided over by Hon. Emilio del Toro, Chief Justice of the Supreme Court of Porto Rico. It had not started as a Junior conference but rather as a Pan-American Red Cross conference for the closer union of those countries in which Red Cross work was carried on. An address of welcome was delivered by Dr. Rowe, Director General of the Pan-American Union. Addresses followed by Judge del Toro of Porto Rico and Dr. Alfaro, Minister from Panama, on "Red Cross and Pan-American Neighborliness." Dr. Santiago Bedoya of the Peruvian Embassy also delivered an address on "Co-operation in Red Cross Development in Pan-America" and Mr. Dunn, National Director of Junior Red Cross, spoke about "The Pan-American League of Children."

In the discussion of these papers led by Miss Boardman remarks were made by the minister of the Dominican Republic, the wife of the Minister from Uruguay and representatives from Ecuador, Bolivia and Haiti.

With the discussion of the possibility of a Pan-American League of Children it was felt that the Junior Red Cross, and particularly in its international school correspondence which has created such a bond between children of foreign countries and those of the United States, could be made the strongest bond of union in Red Cross endeavor throughout Pan-America.

The conference became a real Junior Red Cross conference as was reflected in the resolutions passed. The first of these was a request to Judge Payne to appoint a committee of the American Red Cross to confer with the officials of the Pan-American Union for the purpose of developing Junior Red Cross international school correspondence between the children of North and South America. A second resolution, introduced by Dr. F. J. Alfaro, Minister from Panama, was adopted, providing for the distribution in all South and Central American coun-

tries of statements of the aims and ideals of the Junior Red Cross, these articles to be translated into Spanish, Portuguese and French for the use of the Latin-American school authorities.

The second conference was the Junior Red Cross meeting in the Assembly Hall, National Headquarters, on the morning of October 12th. The principal address was delivered by Dr. A. O. Thomas, state Superintendent of Schools of Maine and Chairman of the Committee on Foreign Relations of the National Education Association. He declared the Junior Red Cross is as essential to the Red Cross organization as the Bible school is to the church. He also saw in Junior Red Cross a great agency toward universal peace, saying, "If the children of the world can be gotten together in a great movement which will seek to give them higher sympathies and more definite comradeship, then we shall have more opportunity to carry out the great wish of the world, that there be no more war."

Throughout the convention there were careful and earnest deliberations resulting in resolutions looking to progressive democratic administration of Red Cross affairs and increased efficiency. There were high spots reached as well and a clear call to service sounded that confirmed the belief of the Red Cross members in the value and the mission of their American Red Cross and which will be carried back to the chapters throughout our own and foreign countries.

KATHARINE W. HOLMES.

ANNOUNCEMENTS

The Red Cross service for the Indians, the plans for which were announced in the previous issue of *THE PUBLIC HEALTH NURSE*, is now complete in its personnel and is underway. Florence Patterson has made a study and survey of conditions in the Jicarilla Reservation in New Mexico and from there has gone on to the Colorado reservations.

Augustine B. Stoll, graduate of Presbyterian Hospital, New York City, with both public health nursing and medical social service training, two years of Army experience in France and a year of child welfare work in Czecho-Slovakia, has joined Miss Patterson on the reservations and as her assistant will carry on a regular public health nursing service with the expectation that the government will continue to support it when the Red Cross shall have withdrawn.

Starting by Ford the last of October from New England to the Pine-ridge and Rosebud reservations in South Dakota, Eleanor Gregg, graduate of Waltham Hospital, Mass., a public health nurse by training and experience, as well as a hospital executive, has by this time begun her work on the Rosebud Reservation. If a lonely trip across country to the Dakotas in November has no terrors to her, it would seem that the right sort of a pioneer has been secured for the work.

A HEALTH SURVEY IN PORTO RICO

Our readers will remember an interesting letter from Kathleen d'Olier, concerning the progress of Red Cross public health nursing in Porto Rico, which appeared on page 547 of our October issue. In her letter Miss d'Olier stated that, through an appeal which was made to Surgeon-General Cumming of the U. S. Public Health Service, Dr. F. C. Smith, Chief of the Tuberculosis Section, U. S. Public Health Service, would make a health survey in Porto Rico. Since the conference with Miss d'Olier, however, Dr. Smith has been made Assistant Surgeon General and Chief of the Hospital Division, U. S. Public Health Service, and since it was not possible for him to go to Porto Rico, Dr. J. G. Townsend has been detailed for this service.

Dr. Townsend has had an extensive experience in public health work. He spent a year examining immigrants at Ellis Island, then a year examining Eskimos in Alaska, with special reference to tuberculosis. He has had extensive experience in rural public health work, was director of the extra cantonment zone at Fort Worth, Texas, and assistant city and county health officer, with Camp Bowie and three aviation fields in his care. After the war, he was supervisor of District No. 4, which included the states of Maryland, Virginia, West Virginia, and the District of Columbia, and it was through Dr. Townsend's interest in public health nursing that the unit of public health nurses for follow-up work in the office of the District Supervisor was established.

NEWS FROM THE FIELD

A NURSES' INSTITUTE

The Bureau of Public Health Education of the New York City Department of Health is contemplating giving a five-weeks institute for nurses, beginning in January. The institute will cover the following subjects:

1. INDUSTRIAL HYGIENE: By the inspectors of the Division of Industrial Hygiene.
2. Preventable Diseases. Field nurses of the Division of Preventable Diseases.
3. CHILD HYGIENE: Field nurses of the Division of Child Hygiene.
4. DISTRICT NURSING: Henry Street Settlement (courtesy of Miss Goodrich).
5. HOME CARE OF THE SICK: Home nursing service of the American Red Cross (Courtesy of Miss Farley).

It is hoped that the nurses who desire to avail themselves of this course will register at the earliest possible moment and that so far as possible they will arrange to take the field work.

The last division (Home Care of the Sick) will be particularly valuable to nurses desiring to engage in public health nursing in rural communities. It is also contemplated including in this section some excellent practical instruction in dietetics. Such nurses as feel that they are unable to devote the time requisite to taking the entire institute may register for that particular section which most meets their needs.

NOTES FROM THE STATES

Illinois

The thirteenth annual meeting of the Illinois Tuberculosis Association was held in Springfield, October 23 and 24. It is interesting to know that the first county tuberculosis nurse was placed in the field by this organization in 1907. There are now sixty public health nurses carrying on a broad tuberculosis program in the State under the supervision of the Nursing Department of the Illinois Tuberculosis Association.

Local tuberculosis associations have been formed in every county in Illinois. The health program outlined by these organizations includes the following activities: county nursing

service; clinical and dispensary service; school inspection and child welfare.

Dr. George Thomas Palmer, of Springfield, is serving his tenth year as president of the Illinois Tuberculosis Association, the managing director being Mr. Joseph W. Becker.

The Nurses' Round Table was conducted by Miss Harriet Fulmer, supervisor of Rural Nursing Service, Bureau of Social Service of Cook County, who represents to the public health nurses of Illinois the vision and ideals of the pioneer in this service.

The Industrial Nurses' Section of the Illinois Graduate Nurses' Association conducted a round table at the Congress Hotel, Chicago, on October 27th. Mabel Boyd, of the Mechanical Rubber Co., Chicago, presided; and Jennie Mae Kelley, Ed. V. Price & Co., Chicago, was secretary.

A report of the National Safety Council Convention was read by Miss W. Best, of the National Enameling & Stamping Co., Granite City, Ill.; Miss Middleton, of Sears Roebuck & Co., read an interesting report on dental work and industry; and many other subjects relative to the industrial phase of nursing were brought up for general discussion. Chicago nurses were well represented, as were nurses from several other cities in the State.

Kansas

The Kansas State Organization of Public Health Nursing held a meeting at Topeka, October 21st. Dr. C. H. Lerrigo gave a talk on the organization of the Public Health Association and told of the inspiring meeting held in Wichita this year and that they wished the nurses to be represented in the organization.

The subject of affiliation with the State Public Health Organization was discussed at length later in the meeting. Some were very strongly in favor of joining; others thought that because of the Organization's

affiliation with the Kansas State Nursing Association it would be best to think the matter over until the nurses' meeting and then decide what action to take. All are vitally interested in both associations and it seems certain that some method satisfactory to all will be worked out.

A few of the problems discussed were, "Has the nurse the right to absorb the great thought of the world without giving it out to her sister nurses?" "Keeping carriers in quarantine out of school and off the streets." "How to interest public health nurses in getting incipient tuberculosis cases into the hospitals." "How to get nurses interested in tuberculosis nursing." "How nurses can affect the housing conditions."

It is hoped that Dr. Hedger will be on the program at the next meeting.

Minnesota

Alma C. Haupt, Acting Chairman of the Public Health Section of the Minnesota State Registered Nurses' Association, has submitted an interesting report covering the activities of the Section during the year October, 1921—October, 1922. Ten meetings have been held during the year; and a careful study was made of the Report of the Revisions Committee of the National Organization for Public Health Nursing, as a result of which the Section went on record as unanimously in favor of the formation of separate state organizations for public health nursing. Later, after the revision of the By-Laws of the National Organization, in Seattle, the Section voted to become a state branch, as provided for under the new By-Laws.

The Section secured a nurse representative on the State Advisory Committee for the enforcement of the Sheppard-Towner Act, and it is now concerned with plans for the re-establishment of the Bureau of Nursing under the State Board of Health; this Bureau was discontinued two years ago, and a Committee of the Public Health Section is

now watching to see that funds for such a Bureau are included in the next budget of the State Board of Health. A further committee is making a study of records, in an effort to reach a standard which will be acceptable throughout the state.

The Section was proud to learn, after a visit from Gertrude Hodgman, Educational Secretary of the National Organization for Public Health Nursing, that Minnesota's Course in Public Health Nursing ranks high, as one of those given full approval by the National Organization.

The members of the Section are asked to consider two recommendations to the State Board of Health: first, the establishment of a division of public health nursing; second, an amendment to the law concerning public health nurses, making the following changes:

1. That school nurses be officially considered as public health nurses.
2. That all public health nurses have official connection with the State Board of Health.
3. That the boards employing public health nurses should appoint local advisory nursing committees.

The Executive Board of the Minnesota State Conference of the Catholic Hospital Association were entertained at noon dinner at St. Mary's Hospital, Minneapolis, October 7th, and later in the afternoon held a business meeting to plan for the annual State Conference, December fifth and sixth, at Rochester, Minn. A most interesting program is in preparation.

Missouri

The Missouri State Nurses' Association held its annual meeting at Columbia, Missouri from October 24th to the 26th inclusive. It was very fitting to hold a State Nurses' Meeting at Columbia, for there is the State University.

The Public Health Nursing Section held most of their meetings on October 25th. This included a business meeting, where it was unanimously decided that the Public Health

LISTERINE

is an antiseptic aid to the professional nurse; it is readily obtainable and contributes much to the comfort of the patient because of the satisfactory results attending its employment in the sick room.

LISTERINE

is very acceptable to the bedridden and convalescent because of its agreeable odor. A refreshing sense of cleanliness follows its use, in suitable dilution, as a mouth-wash, lotion or sponge bath.

LISTERINE

may be utilized as a wash, spray or douche and has a wide range of usefulness that is referred to specifically in the literature we shall gladly mail, with a 3-ounce sample bottle, to any registered nurse on request.



LAMBERT PHARMACAL COMPANY

Twenty-first and Locust Streets,
ST. LOUIS, MO., U. S. A.

FREE TO NURSES



A box of this famous Healing Toilet Powder. The nurses friend for 25 years—



For Children's Skin Irritations, Rashes and Inflammation. For Bed Sores and Skin Irritations of the Sick.

Nothing has ever equalled this famous powder to heal and soothe the skin. Thousands of nurses are never without it in their kit.

Send a postal card today for trial box.
THE COMFORT POWDER CO., BOSTON, MASS.

Public Health Nursing Education at the Teachers' College of the South

An exceptional opportunity is offered to qualified nurses to secure special preparation for Public Health Nursing in the Southern States. The six months' course consists of lectures, demonstrations and supervised field work in the Teaching and Demonstration District. Students may enter in October, January, March and June. For information and bulletin apply to

MISS ABBIE ROBERTS
Director, Department of Nursing

GEORGE PEABODY COLLEGE FOR
TEACHERS

Nashville, Tenn.

Please mention The Public Health Nurse when writing to advertisers

Nurses of Missouri become a state branch of the National Organization for Public Health Nursing. The plans for this organization will be arranged for very soon and it is hoped by the next annual meeting to have the Missouri State Association for Public Health Nurses well organized. Miss Alma Wretling was elected State Chairman for the coming year.

Among the interesting papers read was one on "Child Welfare in Poland" by Miss Mary E. Stebbins, who has just returned from a year's work with the Red Cross.

Miss Wretling gave a very interesting talk on the application of the Sheppard-Towner Bill to Missouri, and told how rural mothers were being reached through literature given out by public health nurses.

Miss Olive Chapman, Director of the Southwestern Division of the American Red Cross, gave a most concise paper on the first steps in organizing public health nursing in a rural community. This paper brought out many questions from the rural nurses present and also a request that it be mimeographed and distributed freely throughout the State.

Mrs. Sadie Hausmann discussed her work as Extension Professor of Health and Nursing of the University of Missouri. Mrs. Hausmann told in part that she was taking her work into sixty counties not yet organized and that were without any public health nurses.

New Jersey

Miss Helen Stephen, of Orange, the new President, was in the chair at the meeting of the New Jersey State Organization for Public Health Nursing, held at Hotel Chalfonte, Atlantic City, N. J., November 4th.

The health officer, Dr. Daniel L. Salisan, welcomed the nurses on behalf of the mayor.

The Chairman of Legislation, Mrs. L. J. Gemmell, expressed the purpose of the Committee to support all good legislation in the interests of nursing, public health and social welfare.

The Chairman of Publicity, Miss Frances A. Dennis, announced a plan to publish a Public Health Nurses Bulletin soon after the meeting and asked the members to provide pictures for a public health album for the next meeting in January.

The Chairman of Tuberculosis reported the recent meeting of the New Jersey Anti-Tuberculosis League in Newark, N. J.; the Nurses Section, had charge of an afternoon session.

The Chairman of Industrial Nursing, Miss Hannah Lister, gave an interesting report on industrial plants and nurses in Trenton, stating that in 168 plants there were only 6 industrial nurses; no nurses employed among 15,000 pottery workers there. The 6 nurses meet together at dinner once a month.

Miss Anna G. Wetherill, of Atlantic City, gave a full report of the meeting of the State Federation of Women's Clubs, and Miss Harriet Van Der Vere reported the National Nurses' Meeting at Seattle.

Under "New Business" it was voted to honor Miss Frances A. Dennis by placing her name on a page of the Founders' Book established by the State Federation of Women's Clubs for the use of affiliated societies who wish to do special honor to any member who has merited special mention for unusual service.

Dr. Valeria Parker, of the American Social Hygiene Board, gave a wonderfully enlightening and instructive talk on juvenile delinquency and its causes.

Mr. G. H. Ischler, Ph. G., gave an exhaustive talk and picture illustration of the manufacture of anti-toxin, carrying his hearers through every process, from beginning to end.

TAKAMINE TOOTH BRUSH

TAKAMINE MANUFACTURING CORP., 342 Madison Ave., N. Y.

\$1.00
Doz.
\$7.00
Gross

Cleans *all* the Teeth and *all* the surfaces because it has a *1-inch* Brush with *1/4-inch* Stiff Bristles. Dentists, Public Schools and Public Institutions have endorsed and adopted the Takamine Tooth Brush.

Cleveland City Hospital School of Nursing, Cleveland, Ohio

Post-graduate courses offered in medical, surgical, psychiatric, contagious and pediatric nursing to graduates from approved schools of nursing. Allowance, sixty dollars per month with full maintenance. Affiliations to registered schools offered in all branches of nursing. For information address Principal.

Fancy Leathers for Arts and Crafts

Send 3 cents in stamps for samples of over 50 beautiful leathers: Russia Calf, Sideleather and Cow Ooze for tooling—Ooze Calf, Velvet Lamb Suede, Bookbinding, Lining Leather and inexpensive Moccasin Leather.

We also sell leather tools, designs, wax polish and leather paste.

W. A. HALL
250 Devonshire Street, Boston 9, Mass.

The E. & S. Visiting Nurse Bag

The Perfection of Construction

The Acme of Utility

Approved and Adopted by Chicago Visiting Nurse Association and Others



This bag embodies the latest improvements suggested by years of experience in actual use by Visiting Nurse Associations throughout the country.

Made of best quality Black Seal grain Cowhide, lined throughout with leather. Removable Service Linings. Made of double thick black rubber sheeting or double thick white washable twill.

Size of bag when closed 12 inches long, 6 inches wide, and 6 inches deep.

Prices on Bag, Linings and Bottles on request.

*Manufacturers of the
E. & S. V. N. A. Bag*

ERPENBECK & SEGESSMAN

412-414 NORTH DEARBORN STREET, CHICAGO, ILL.

Please mention The Public Health Nurse when writing to advertisers

Open Air School Equipment

ESKIMO SUITS

A two-piece pajama suit with hood made of army blankets—worn over outside wraps—allowing freedom of movement.

FELT BOOTS

Worn over the shoes.

FOLDING COTS

Special size for schoolrooms—easily handled.

SLEEPING BAGS

Heavy canvas lined with blankets.

BLANKETS · WOOLEN GLOVES

Send for illustrated booklet to

**ELIZABETH McCORMICK
MEMORIAL FUND**

848 North Dearborn Street, Chicago

[In its efforts to promote open air schools this foundation handles the above equipment without profit.]

School of Public Health Nursing

Conducted by

**SIMMONS COLLEGE AND THE
BOSTON DISTRICT NURSING
ASSOCIATION**

NINE MONTHS' COURSES:

General Public Health Nursing, Industrial Nursing. Four Months' Training in Field Work. Students admitted in September and January. Exceptional opportunities in class instruction, supervised field work, and clinic observation. Graduates greatly in demand for positions. For information apply to the Director of the School.

MISS ANNE H. STRONG

561 Massachusetts Avenue

Boston, Mass.

NOTES FROM THE STATES

(Continued)

New York

The annual meeting of the New York State Organizations of Nurses in New York City, October 24th to 26th, was exceptionally well attended by members of all three state organizations. An excellent and well arranged program held the enthusiasm of those present to the end.

The joint meeting on the evening of October 24th, with speeches from Miss Amy Hilliard, Miss Nutting and Miss Goodrich, and one on "Health Fallacies" by Dr. Jesse F. Williams, was perhaps especially stimulating.

At the meeting, on the 27th, of the New York State Organization for Public Health Nursing, Miss F. V. Brink spoke on Field Work in States West of the Mississippi. Miss Mary Roberts took Miss Anne Steven's place on the program, bringing out salient points at the Seattle Convention.

Miss Sally Lucas Jean spoke on Health Education and the School Child. At this meeting Dr. Thomas D. Wood spoke on Development of Community Responsibility in Public Health Work. The officers elected were:

Mrs. Anne L. Hanson, Buffalo, President of State Association.

Miss Amy Hilliard, President of League of Nursing Education.

Miss Mary Cartar Nelson, President of State Organization for Public Health Nursing.

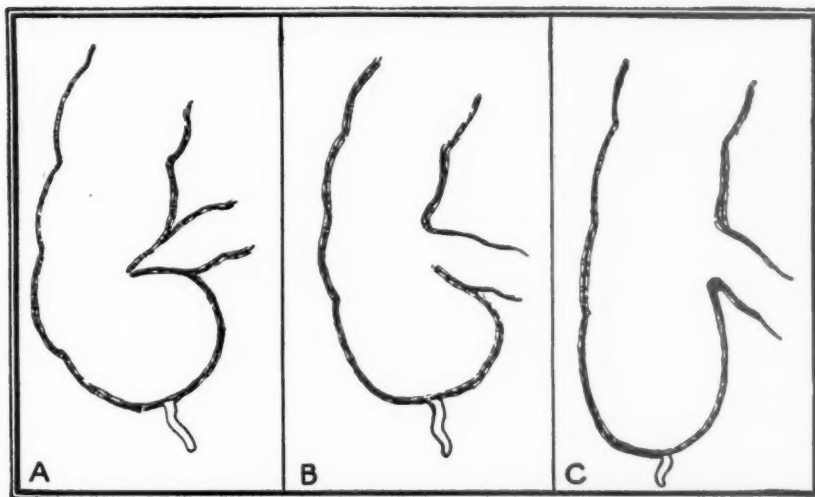
An interesting piece of work has just been undertaken by the New York Industrial Nurses Club.

Mrs. Brockway, the president, has appointed a special committee to compile a Necrology file, or Who's Who in the New York Industrial Nurses Club.

The committee appointed for this work consists of: Miss Frances Daly, Ingersoll-Rand Co.; and Miss Olive May Curtis, National City Bank; with Mrs. Claribel G. Hill as chairman.

Both Mrs. Brockway and the committee have an objective in this piece of work and hope that other clubs will take it up and that it will result

Please mention *The Public Health Nurse* when writing to advertisers.

*Dangers of Constipation, No. 3—***The incompetent ileocecal valve****A. Normal Ileocecal Valve.****B. Partially Incompetent Ileocecal Valve.****C. Wholly Incompetent Ileocecal Valve.**

Reproduced from "Colon Hygiene," by J. H. Kellogg, M.D.

ONE of the consequences of chronic constipation is incompetency of the valve which governs the flow of food waste from the small intestine into the colon. The valve thus impaired, permits the putrefying contents of the colon to pass back into the small intestine.

A noted authority states that medicinal laxatives increase the reflux from the colon into the small intestine, while liquid petrolatum aids the action of the small intestine but does not cause reflux.

Nurses will find Nujol particularly valuable for the relief of intestinal troubles. The action of Nujol closely resembles that of the natural lubricating mucus secreted in the bowel, which is deficient when constipation

exists. Nujol takes its place, lubricates the bowel contents and so assists their expulsion from the body. As Nujol is not a laxative it cannot gripe. And like pure water it is harmless and pleasant.

Nujol is prescribed by physicians and is used in leading hospitals throughout the world.

Send for nurse's sample and special 16-page booklet, "On a Case", to Nujol Laboratories, Standard Oil Co. (New Jersey), Room 762, 44 Beaver Street, New York.

Nujol

REG. U.S. PAT. OFF.

A Lubricant—not a Laxative



One of Baby's Best Friends

THE causes of infant chafing are many and the results are always annoying—to the infant and those who are caring for it. You can't blame the little ones for getting fretful and restless when their tender skin is irritated.

"Vaseline" Oxide of Zinc Ointment is recommended highly by the medical profession for chafing. It is a pure, simple remedy—not only soothing but healing as well.

Always have a tube or jar of it in your kit or cabinet and advise the use of it in the homes you visit. Your druggist carries it.

CHESEBROUGH MFG. CO.
(Consolidated)
State Street New York

Vaseline

Reg. U.S. Pat. Off.

OXIDE OF ZINC
OINTMENT



Please mention *The Public Health Nurse* when writing to advertisers

NEWS FROM THE STATES

(Continued)

in a complete file of Who's Who in the Industrial Section of the National Organization for Public Health Nursing.

Data will be gladly furnished to anyone who is interested.

Ohio

The quarterly meeting of the Northern District of Public Health Nurses was held in Cleveland, on October 19th. Miss Florence Farmer, Chief, Bureau of Public Health Nursing, State Department of Health, acted as Chairman.

Miss Ethel Osborn, Board of Education, Cleveland, held a round table on "School Inspection," with a demonstration showing the method of school inspection in Cleveland. She emphasized the fact that the nurse makes the school inspection and that the doctor makes the examination. Dr. Bertha Luckey, Chief Examiner of the Psychological Clinic, Cleveland, examined a mentally retarded child and followed it with the examination of a mentally normal child.

Miss Uarda Faine, Director of Nutrition, State Department of Health, gave an excellent paper on "Vitamines and the Foods Containing these Vitamines."

Miss Dines, Director of Public Health Nursing, Western Reserve University, gave a splendid paper on "Co-operation".

Later the meeting convened at the New Amsterdam Hotel, Miss Malinde Havey, Director of Public Health Nursing, Washington Division, American Red Cross, Chairman.

Dr. H. H. Snively, Director of Health, State Department of Health, opened the afternoon meeting with an address of welcome to the nurses present. Miss Elizabeth Fox, president of the National Organization for Public Health Nursing, gave a talk on "The Nurses' Convention Held at Seattle, Washington."

Dr. Haven Emerson, Prof. of Public Health, Columbia University, New York, talked about the importance of periodic medical examina-

Course in
Public Health Nursing
 Western Reserve University
 CLEVELAND, OHIO
 1922-1923

LECTURES, case discussions, class demonstrations, clinic observation, field work and excursions.

Course open to qualified graduate nurses.

Students may enter in September only for theoretical work, but the field and clinic work will be offered three times during the year, beginning October, February and May.

Tuition for either half of the Course \$87.50. Loan scholarships are available.

For further information apply to

MISS CECILIA A. EVANS
 2573 East 55th Street Cleveland, O.



The Nurse's Friend

Use a Sterno Canned Heat Stove to prepare your own hot meals and dishes in a few moments, no matter where you are, indoors or outdoors.

One of these convenient devices is also indispensable in the sickroom for preparing broths, sterilizing instruments, etc.

A Stove for 10 Cents

Send this coupon with 10 cents to Dept. P, Sterno Corporation, 9 East 37th Street, New York, and we will send you a Folding Sterno Stove.

Name.....

Address.....

Public Health Nurses Personally Use and Endorse



The Original

FOR SICK, INVALID AND CONVALESCENT

It is especially valuable in fevers, infectious and wasting diseases, after operations, in cases of impaired digestion, and for convalescents and the aged.

Avoid imitations. Samples prepaid.

HORLICK'S, Racine, Wis.

School of Public Health

University of Louisville

in co-operation with
 State Board of Health of Kentucky

Offers to nurses and doctors an eight months' course in Public Health. Four months' training is given in field work with a good opportunity for rural experience.

Entrance—September and February

For further information apply to

DIRECTOR

School of Public Health

532 West Main Street

Louisville

Kentucky

Please mention *The Public Health Nurse* when writing to advertisers.

Buy and
Specify

SEB
Uniforms

Model 1604 - Nurses' Uniform, white pre-shrunk Service Cloth \$4.00

In white Linene, \$3.

Model 376 - Maid's Uniform (below) Individuality itself. Fine black and grey cotton Pongee \$4.50.

Mohair and silk, \$7.50 to \$21.00



Leading department stores everywhere carry S. E. B. uniforms.

If your dealer is out of these uniforms let us know.



In Greater New York at:
B. Altman & Co.
Abraham & Straus
Arnold Constable
Best & Co.
Bloomingdale Bros.
Gimbel Brothers
Fred'k Loeser
Lord & Taylor
R. H. Macy & Co.
James McCreery
Saks & Co.
Franklin Ssmon
Stern Brothers
John Wanamaker

Write for attractive
booklet of other styles!

S. E. BADANES CO.
64-74 West 23rd Street
New York City



NOTES FROM THE STATES

(Continued)

tions for public health nurses.

Miss Katharine Olmsted, Director, Division of Nursing, League of Red Cross Societies, Paris, France, told about the wonderful work being organized by the League of Red Cross Societies. She described the course in public health nursing given at the present time in London, England. Followed by a talk on nursing conditions in general in fourteen countries of Europe which she has visited.

Training for Public Health Nursing in the South

The School of Social Work and Public Health of Richmond offers a four months' course in public health nursing, beginning February, 1922. In co-operation with the Instructive Visiting Nurse Association, the Health Department, the Public School Nurses, and certain factories, opportunities for specialization in school, infant welfare, industrial, tuberculosis and general visiting nursing will be available.

Experience in rural nursing in selected centers near Richmond.

Estimated total expenses for the four months' course, \$200 to \$275.

For further information write the Director, 1228 E. Broad St., Richmond, Va.

Course in Public Health Nursing

The Missouri School of Social Economy, St. Louis, Mo.
1922 - 1923

Course offered to Nurses who qualify for membership in National Organization for Public Health Nursing.

Theory Includes
Principles of Public Health Nursing
Family Treatment
Community Organization
Statistics
Public Speaking

Practice Includes
General Bedside Nursing
Prenatal Nursing
Child Welfare Nursing
Tubercular Nursing
School Health Work

Field Work given in a special teaching district, which includes 500 city blocks, 75,000 inhabitants and 20 nationalities.

An eight months' course and a four months' course are offered.

Tuition, \$65.00 Per Semester

For further information apply to—

Director, Public Health Nursing

2338 South Broadway

St. Louis, Mo.

Scholarships and loans are available through the American Red Cross, Southwestern Division, Miss Olive Chapman, 1709 Washington Avenue, St. Louis, Mo.

Please mention *The Public Health Nurse* when writing to advertisers

COURSE IN PUBLIC HEALTH NURSING

Conducted by
THE PENNSYLVANIA SCHOOL OF
SOCIAL AND HEALTH WORK
In Affiliation with
The University of Pennsylvania

Nine months' course, open to qualified graduate nurses.

Instruction includes lectures, conferences, demonstrations, visits of observation, and supervised field work. Through co-operation with other agencies practice is given in general visiting nursing, child welfare, tuberculosis, school and industrial nursing, and medical social service.

Tuition.....\$100
Scholarships Available

Next course begins January 22, 1923. For further information apply to the Director of the course—

MISS HARRIET FROST
The Pennsylvania School of Social and
Health Work
339 South Broad St., Philadelphia, Pa.

**CLEVELAND MATERNITY HOSPITAL
and Dispensaries of Western Reserve University**
has in the interest of obstetrical nursing assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year. The fundamental studies are arranged for through affiliations with General Hospitals.

Outline of Course

Preliminary Course—4 months given at hospital of Student Affiliation.	
Medical Nursing.....	6 months
Surgical Nursing.....	3 months
Operating Room.....	2 months
Children's Nursing.....	3 months
Diet Kitchen.....	2 months
Contagious.....	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin.....	6 months
Maternity Hospital—Last 8 Months	
Mothers.....	2 months
Babies.....	2 months
Delivery Room.....	1 month
Prenatal, Delivery and Postpartum Experience.....	2 months
Milk Laboratories.....	1 month

Allowance

Books, uniforms and maintenance throughout.
Four weeks vacation each year.

Post-Graduate Course

A Post-Graduate Course of four months is arranged for graduates of accredited schools. Maintenance and \$25 per month for uniforms and books is allowed.

Affiliated Course

The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

Apply Superintendent, Maternity Hospital
3735 Cedar Avenue, Cleveland, Ohio



Even Better for Rubbing Than Pure Alcohol

You often need a rubbing alcohol and here is one scientifically made for your needs. Mifflin Alcohol Massage cannot burn or sting. It is free from oiliness, stickiness or lasting odor. Unfitted for internal use by improving for external purposes. You can recommend it to your patients with assurance.

Mifflin Chemical Corporation
Philadelphia, Pa.

MIFFLIN ALKOHOL MASSAGE

Handy
Grip—
Can't
Slip



95
Per
Cent
Alcohol

Please mention The Public Health Nurse when writing to advertisers

WANT ADVERTISEMENTS

Under this heading we will run advertisements—without display—at the rate of \$2.00 per each insertion of 50 words or less. Cash must accompany order to insure insertion, and copy must be received by the 10th of the month preceding.

THIS DEPARTMENT WILL BE DEVOTED EXCLUSIVELY TO NURSES SEEKING POSITIONS, AND INSTITUTIONS OR OTHERS REQUIRING THEIR SERVICES.

Note—All replies to, or inquiries about, box number want advertisements should be directed to *The Public Health Nurse*, 2157 Euclid Avenue, Cleveland, Ohio.

Wanted: Registered Nurses at \$90 per month, and Male Attendants at \$60 per month, experienced in the care of neurological and psychiatric patients. Address Anna G. McCrady, R. N., Supt. Nurses, Marion National Sanatorium, National Military Home, Indiana.

Wanted: Graduate nurses for general duty. Apply to Superintendent of Nurses, City Hospital, Scranton Road, Cleveland, Ohio.

Trade Mark Registered.

Gluten Flour

40% GLUTEN

Guaranteed to comply in all respects to standard requirements of U. S. Dept. of Agriculture.

Manufactured by
FARWELL & RHINES
Watertown, N. Y.

We specialize on
TOOTH BRUSHES
for School Children
Send 50 cents for six samples
also \$1.00
for accurate easy reading Clinical Thermometer

O-Z PRODUCTS
16-22 Hudson Street New York City

Wanted: Trained Public Health Nurses for county work with Chapters in the Southwestern Division, American Red Cross, comprising Kansas, Missouri, Texas, Oklahoma, Arkansas, Colorado, New Mexico. Apply to Director of Nursing Service, 1709 Washington Ave., St. Louis, Mo.

WANTED

**Public Health Nurses
for Kentucky**

Splendid opportunities for experienced nurses in rural districts. Minimum salary, \$125 per month, increase according to ability of nurse. Apply

Marian Williamson

Director Bureau Public Health Nursing,

State Board of Health

532 West Main Street,

Louisville, Kentucky

LIVE LANTERN SLIDES FOR HEALTH LECTURES

A picture tells more at a glance than a hundred words of narrative, and its message is remembered far longer.

EDEXCO LANTERN SLIDES

will add force and entertainment to your Health Talks.

Our new list comprises over a thousand slides on School Child, Baby and Mouth Hygiene; Flies, Mosquitoes, Milk and Tuberculosis.

Send a Postal Today

for our new list of slides—it is FREE for the asking.

**EDUCATIONAL
EXHIBITION**

335 Custom House St., Providence, R. I.

Nurses—

Travel with Greater Convenience —Work with Ease and Efficiency

Life is too short to move about heavy cast iron, back-breaking luggage—then spend hours at stooping and stretching to weigh or attempt to weigh several classes at a time with slow-working equipment. This tiresome effort is now unnecessary.

The CONTINENTAL

Nurses Lightweight Portable Scale

is designed to meet every requirement for the traveling nurse. The *Continental* is the last word in weighing and measuring efficiency and hundreds of nurses can tell you so. There is no lighter scale made. Pack your *Continental* into a convenient carrying case or set it up in less than two minutes. With it you can weigh a class in less time and with insured accuracy without leaving your chair. There are other special features that add to your convenience and efficiency. Sturdily built of high grade materials to insure accuracy over a long period of usefulness.

Sent on Approval In order to prove the exceptional merit of the *Continental* we shall be pleased to send one on approval. Complete detailed information upon request. Write today.

CONTINENTAL SCALE WORKS
2122 W. 21st Pl. Chicago, 74 Murray St. New York



Weigh or Measure in Sitting or Standing Position
Unlocks and Fits Into Convenient Carrying Case

COUGHS and BRONCHIAL AFFECTIONS

Respond promptly to

ANGIER'S EMULSION

Angier's Emulsion is particularly effective in relieving WINTER COUGHS and BRONCHIAL AFFECTIONS. It is particularly useful for elderly people and children because it is pleasant to take and causes no digestive disturbance. Its use obviates the necessity of administering disturbing or depressing drugs or narcotics.

Samples on request

"If you are not familiar with the Emulsion and you would like to try some samples, we will send them, charges prepaid, on request."

ANGIER CHEMICAL COMPANY

BOSTON 34, MASS.

Please mention *The Public Health Nurse* when writing to advertisers

UNIFORM EQUIPMENT *for* PUBLIC HEALTH NURSES

True ECONOMY includes: QUALITY, WORK-
MANSHIP, STYLE.

In ALL of these we EXCEL,
and at prices which are IMPOSSIBLE to DUPLI-
CATE elsewhere.

FALL AND WINTER UNIFORM ULSTER COATS. All
wool. No cotton or shoddy. Garments made to Your
own measurements, thereby adjusting a DISTINCTIVE style
to YOUR PERSONALITY.

UNIFORM CAPES. Military and tailored effects, with wide
circular sweep. Smart and practical.

TWO-IN-ONE SWEATER. Pure worsted. Tuxedo or button
coat model.

PUBLIC HEALTH DRESS. Approved and absolutely new
model.

CLINIC "HYGIENIC" DRESS, AND SURGICAL APRONS.
Some with detachable buttons.

PUBLIC HEALTH APRONS. Indian Head or Service Cloth.

UNIFORM COLLARS AND CUFFS. Pique, double faced
collars and cuffs; easily laundered. Indian Head Brand
(starched). KERCHIEFS, Lawn and Voile.

WINDSOR TIES. Silk or crepe de chine. Kerchief triangle
ties. All shades.

Send for Prints

*State the particular apparel
which interests you.*

J. R. MAGUIRE

373 Fifth Avenue

New York City

